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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUÊTE
SUR L'USAGE DES DROGUES
À DES FINS NON MÉDICALES

February 13, 1970
The Ballroom,
Students' Union Building,
University of New Brunswick
Fredericton, New Brunswick.

COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain	Chairman
Ian Campbell	Member
J. Peter Stein,	Member
H. E. Lehmann, M.D.	Member
Marie-Andrée Bertrand	Member
James J. Moore	Executive Secretary.

SECRETARY TO THE CHAIRMAN

Vivian Luscombe.

February 19, 1970
The Ballroom,
Student's Union Building,
University of New Brunswick,
Fredericton New Brunswick

1 ---Upon commencing at 1:00 p.m.

2 --- (Opening remarks of the Chairman)

3 THE CHAIRMAN: I think
4 we should make one or two points. We are
5 an independent Commission established by the
6 federal government at the beginning of May last
7 year, and we are asked to examine three things,
8 the extent and patterns of non-medical drug use
9 in Canada, the effects of the drugs and the
10 cause of non-medical drug use, the motivations,
11 and its relationship to other things that are
12 happening in our society, and its broad social
13 aspect and we are to make recommendations
14 to the federal government as to what it can do
15 alone or with other governments to
16 reduce the amount of the problems involved
17 in this non-medical drug use.

18 Now the drugs we are
19 concerned about are the psychotropic drugs,
20 mood modifying drugs and I suppose they
21 include alcohol and nicotine, but we are
22 chiefly concerned with the psychedelics,
23 amphetamines, the opiate-narcotics.

24 Now, we have no formal
25 program for today. This is sort of an opportunity
26 for free discussion. We have come here to
27 learn from you, hear your views on various
28 aspects of this problem. We are particularly
29 interested to hear your views on what the role
30 of law is, if any, in relation to this phenomena,

1 proper role of law, hear your views on what the
2 causes are. What does it really mean?
3 And what is the long-range view of it?

4 In these public hearings
5 we are not concerned to identify the particular
6 experience of individuals. We don't want
7 anyone to incriminate themselves in any way.
8 We are interested in your opinions in a general
9 way. We do, however, invite anyone who
10 wants to give evidence privately and anonymously
11 to do so. We are empowered to withhold the
12 identity of any witness and will be glad to
13 meet with anyone who wants to speak with us
14 privately and we also receive a lot of
15 submissions through the mail, anonymous submissions.

16 So we would be glad to hear
17 what you feel about this non-medical drug use.
18 Feel free to step up the microphone there.

19 Any views here? This is
20 our thirteenth university, I think, but don't
21 worry, we have at times started slowly but
22 somebody has the honour of being first. Here he
23 is.

24 THE PUBLIC: I will just
25 say what I think. The whole point is, you know,
26 you mentioned alcohol, you go to a party where
27 people are drinking. A lot of people who can't
28 hold their booze, start fighting and things
29 like that. But you go to a party where there
30 is marijuana or anything else, like it is just no

1 sweat, you don't have to worry about getting
2 your head beaten in and things like that.

3 But the thing that is
4 worrying me ---

5 THE CHAIRMAN: Speak a little
6 more closely to the microphone.

7 THE PUBLIC: All right.
8 My friends when they take marijuana, no sweat.
9 But what they are doing is, things like, well,
10 speed, or whatever they say they are doing,
11 or acid. I will just tell you what
12 happened to me yesterday.

13 I have a friend named Donna
14 and she told me, " I am cranking speed", and
15 I said, "What's that?". She said, "putting
16 it in a needle and shooting it." The whole
17 point is known -- I don't know and a lot of my
18 friends don't know what speed is. You read
19 that speed kills and things like this, but the
20 whole point is, nothing is available. Like if
21 marijuana was available, and if you could have
22 it and could get a nice high and wouldn't have
23 to worry about, you know, like drinking, people
24 getting violent and things like this, but
25 instead everything is more or less against the
26 law. What can you do, I mean. It is just
27 as hard to get marijuana as it is to get
28 speed, so you have a choice, marijuana or
29 speed or acid or whatever, and so you just go
30 on and you take your pick. I think there is

1 a difference between, I will say it again,
2 marijuana and speed.

3 And look at me. I am a
4 nervous wreck. A lot of my friends, the
5 wrong things are happening to them, and I just
6 don't think it is right. Well, that is what
7 I have to say.

8 THE CHAIRMAN: This is an
9 opportunity now to give your views. We are not
10 here to try and judge on their information
11 ourselves. This is an opportunity for
12 you to bring to our attention your knowledge,
13 your feelings about this whole thing. It is
14 the purpose of it.

15 THE PUBLIC: I am going
16 to say something, I guess. I think what you
17 are mainly interested in is not necessarily
18 the actual effect of an LSD trip or the trip
19 that is gone on, or necessarily whether it is
20 biologically bad, et cetera. I don't think
21 you feel that you are really in that position
22 to judge on that with reference to scientific
23 evidence. But I think that mainly the
24 concepts that you might be after are necessarily
25 those that are social, you know, what particular
26 forces and intentions, if there are particular
27 ones, or what is it of a person's
28 involvement in terms of their environment are
29 causing them to try and hide, sort of --
30 you might even be able to classify them as

1 mystical ways in trying to experience things.
2 And I think that if you take this word
3 experience as possibly axiomatic, I think you
4 might be able to get a perspective as to
5 exactly what the increase in marijuana, what
6 the increase of hallucogenic drugs et cetera,
7 what this actually means. I think one of the
8 problems is that a lot of people are having a
9 hard time with experiencing things.

10 You know, they are really
11 having a hard time running into situations
12 or waking up and going through a guilty twenty-
13 four hour thing, and being able to naturally
14 fall into something which would be sort of
15 brand new to them, something that would
16 create one thing and something which would
17 create a reaction within them, that they
18 could signify as being human.

19 But the society itself,
20 take the educational system like the university,
21 the complete orientation from grade one, in
22 fact, from family socialization, right through
23 until you are sixteen or eighteen or twenty
24 years of education are through, are completely
25 oriented toward as a child you can't relate to,
26 as you go on and you don't think about it,
27 although most people learn not to think about
28 it. The fact is that coming through all
29 this thing and the ideal says that it is
30 education, it is the broadening of the mind,

1 it is the broadening of perspective. It is
2 complete involvement of experience and this
3 really doesn't happen. In fact, what does
4 happen is you have to relate to yourself
5 in terms of some completely exterior object.
6 Like you can go through sixteen years to
7 university and you get a thing like called
8 a B.A. and if a person is going to get one,
9 it is handed to them by the president of the
10 university and receive this B.A. in their
11 hand and they say, "My God, there it is, I have
12 learned something". Sixteen years and there
13 is what I have learned. It is perfectly
14 ridiculous because it just doesn't happen.

15 And what the problem is,
16 if you can draw a pass, the very first time you
17 draw a pass, it doesn't take your mind and put
18 it away off into another world, and completely
19 warp you for the rest of your life because you
20 come down off it and you are the same again,
21 except that you have got a memorable
22 experience that you haven't had before.
23 You have got a memory of some kind of thing
24 that is a little bit unreal in terms of the
25 reality that you have to go through. Because
26 reality that you have to go through is
27 simply not human. You are identifying all sorts
28 of things, that in order to learn about
29 ourselves, we have got to look at exterior objects
30 in order to identify things such as success

1 and satisfaction, we go out to buy cows
2 or we have to go out to a store like Zellers
3 or K-Mart or something and buy objects. That in
4 order to identify ourselves or to get assurance
5 we exist in a particular way, we have got to have
6 sort of material identification of that.

7
8 We have got to refer
9 ourselves to an outside in order to bring
10 ourselves back again, and it is just nothing is
11 breaking this down. You find the school
12 systems and people talk about the Hall-Dennis
13 report and it comes out that you are getting
14 some progressive schools in places like
15 Ontario and Quebec, and even in New Brunswick
16 to some extent. And they say we have got
17 a progressive school going here, we are
18 introducing all sorts of things like streaming.

19 What is streaming? It
20 means a kid more technically intelligent
21 in terms of rigidity is going to be contacted
22 first. His head is going to be narrowed
23 down this way. The education system is
24 going to go like this, and it is pure contradiction
25 that you are going to talk about education.
26 And that kind of thing just goes on in your
27 whole life pattern. But what you are dealing
28 with in terms of what is causing marijuana,
29 you know, is not some adolescent activity
30 in terms of they used to take the car with the

1 plastic Jesus on the dashboard and drive down
2 the main street at eighty-five miles an
3 hour, and throwing
4 bottles out the window and whistling at girls
5 and taking them and trying to rape them.
6 That is a reaction too, against these kinds
7 of social pressures. That is the reaction
8 of trying to take those material things
9 and devise experiences out of them, which
10 really -- there is no quality in the difference
11 of the terms of a person actually in a twenty-
12 four hour situation.

13 The marijuana thing and
14 the drug thing is a very important sociological
15 thing. I don't think it is people just
16 going out trying it for the first time, as
17 some people do. A lot of people do. They
18 go out for the first time and say they don't
19 want any more of that because of the morality
20 thing involved. And in these terms the way
21 the law came out, it is a pretty contradictory
22 concept in itself. There is a whole
23 life style coming out of this. It is a whole
24 new life style. It contradicts exactly
25 what you are living up there. It necessarily
26 says that we just don't see exactly what you
27 mean, that we don't see you as human beings
28 and we don't even see ourselves as that,
29 and that is very scary.

30 So maybe the conduct

1 problems that you have got to be dealing with
2 and thinking about is, your government or our
3 government has got to be thinking about
4 this whole idea.

5 Now, if you want to repress
6 that you can go ahead, but it is going to be
7 really dangerous.

8 THE CHAIRMAN: Thank you.

9 THE PUBLIC: I would like
10 to agree with Don, what he said, and I would
11 like to ask some questions if I could?

12 What do you think the
13 possibilities are of legalizing marijuana
14 at least at present?

15 THE CHAIRMAN: We can't
16 answer any such questions because we have been
17 appointed to make an inquiry, and a report.
18 We will be making an interim report very
19 shortly and it would not be proper of us
20 to make any such statements now.

21 THE PUBLIC: Am I right
22 in assuming that it is not legal to do research
23 in things like acid, marijuana, drugs of these
24 sorts at the moment in Canada?

25 THE CHAIRMAN: It requires
26 government permission.

27 THE PUBLIC: How difficult
28 is it to get this permission?

29 THE CHAIRMAN: I beg your
30 pardon?

1 THE PUBLIC: How difficult
2 is it to get this permission?

3 THE CHAIRMAN: Well, again,
4 that is a matter that isn't a matter for comment
5 for us in the report. I don't want to make
6 a public statement now, before our report.
7 And also it has been publicly stated to us
8 that there are difficulties. It has been
9 stated in public hearings. I am saying
10 that. I am not saying anything that hasn't
11 been published.

12 THE PUBLIC: Has
13 permission been given with respect to research
14 in the non-medical use of drugs by the
15 government so far?

16 THE CHAIRMAN: Yes.

17 THE PUBLIC: May I ask
18 where, please?

19 THE CHAIRMAN: I think we
20 are on tricky ground here. I mean I am
21 trying to be helpful and co-operative, but
22 this is not the object of this exercise. We
23 are not a seminar. We are not a panel. I am
24 trying to get what information I can. I do not
25 know, as of today the precise situation in
26 respect to approvals. But government
27 has invited applications for approval, for
28 research and it has sent those applications
29 out to people of the whole scientific community.
30 I don't know precisely what the situation is of

1 today. So I would be unable, I think,
2 to give you examples.

3 THE PUBLIC: All right.
4 What about -- do you know if the government
5 at the moment is investigating educational
6 uses of the non-medical use of drugs?

7 THE CHAIRMAN: Do we have
8 any investigation on the educational use?
9 What do you mean by educational use?

10 THE PUBLIC: Well, like
11 Don said earlier, like this is about the social
12 set up that we are involved in and the mind
13 narrowing experiences that we go through
14 as a result of the educational processes we
15 are presently in right now. And I think a
16 lot of the drug users -- a rebellion against
17 this search for outside experiences which we
18 really do not have the capabilities of
19 experiencing at the moment with respect to
20 it is essential to have a job or money. It is
21 essential to have money to experience anything
22 it seems today really on a social basis,
23 (inaudible)
24 outside of **technicalness** and so on, which we
25 usually find ourselves. And drugs are
26 another field of experience for us, which at
27 the moment is illegal.

28 Well, it is not illegal --
29 it is illegal to be in possession of them
30 I guess, but it gives us something outside
 of the conventional educational experiences

1 which we have that we can have, well, for
2 want of a better term "get into", see what
3 is going on, try and find out the different
4 aspects of the world in which we live and of
5 ourselves.

6 THE CHAIRMAN: What is the
7 educational aspect of function? You just said
8 it in your last sentence. You made some
9 remark about yourself?

10 THE PUBLIC: Most of it
11 isn't too pleasant.

12 THE CHAIRMAN: Most of it
13 is what?

14 THE PUBLIC: Not too
15 pleasant when you first realize it and then
16 sometimes -- what I realize anyway, with my
17 experience in drugs, is a lot of the selfish
18 aspects of what myself and other people were
19 basically trying to get one up on somebody
20 else, trying to prove a superior intelligence
21 to somebody else, trying to -- my experience
22 with mind games, a lot of people when they
23 play mind games, especially on drugs, although
24 people are apparently playing mind games
25 all the time.

26 Do you know what I mean
27 when I refer to mind games?

28 THE CHAIRMAN: No. Tell us
29 about that.

30 THE PUBLIC: Sort of set up

1 tricks and traps and things like this, to
2 bring people in.

3 THE CHAIRMAN: Oneupmanship?

4 THE PUBLIC: Competition,
5 that's it, which I think is, you know, if you
6 look at the society in which we live competition
7 is a basic thing within it and it seems to me
8 that as we are educated we are brought up
9 with this idea of competition and you start
10 extending it outside of, say, economic
11 factors and everything and people are
12 competing. When you realize this, it is
13 something that I don't think is very pleasant
14 at all. There is no reason really to
15 compete. You come down and what I learned
16 through drugs and probably what you heard
17 many times before, is this business of
18 sharing, brotherhood, say. Something
19 which appears very slack. But it is important
20 I think to get outside of competition and
21 get down to a position where people are
22 willing to relate to other people completely
23 honestly and openly without worrying about
24 competition, without worrying about it is
25 better than somebody else, having more than
26 someone else, anything, even material or
27 other things.

28 And that is basically what
29 I learned. I wouldn't take drugs now
30 myself because I just don't find them relevant.

THE CHAIRMAN: You don't
find them ---?

THE PUBLIC: Relevant.
Relevant for my experiences any more. And
I don't regret at all having taken drugs.
I think it was a worthwhile experience, but
I consider a lot of drugs to be dangerous
because what it has done to a lot of friends
of mine and the nervous and mental disorders
that sometimes cause this.

But it is all a process
of things you go through, I think, anyway,
quite often. Sometimes drugs may speed it
up; it depends on the individual probably.
I think it is important that people get away
from the competition which is still a
basis of our society, Western society
anyway, and most societies I would say.
Not all of them.

PROFESSOR BERTRAND: Let
me just try to see if I understand. The
Chairman asks you what educational value
you see in drugs and what would be this
educational feature in drugs that we could
contemplate? And you answer, if I understood
correctly, by saying that one of the main
assets, one of the main effects is that drugs
helps you, helps us, getting away from
competition. In the same sentence you say
that this competition is one of the main features

1 of society.

2 Now, putting that together
3 if we may, we can better get away with one of the
4 main features of society and you call that
5 an educational feature; am I right?

6 THE PUBLIC: Yes.

7 Because I don't think society as it stands now
8 is in a very healthy position and perhaps you
9 get away, but you come back and you want to
10 change society. You don't withdraw forever.

11 What drugs seem to do from my experience with
12 the psychedelic drugs and hallucinogenics
13 and so on, is you withdraw into yourself for
14 a while. You examine yourself and you
15 extend that outward and you examine other
16 things, mostly people.

17 PROFESSOR BERTRAND: All
18 right. May I just stop you once again?
19 This brings me right to my second question.
20 You spoke of sharing and now you are referring
21 to this capacity of looking inside yourself
22 and understanding yourself. What would you
23 like us to understand when you say sharing?
24 Sharing what?

25 THE PUBLIC: Sharing,
26 giving, giving of yourself mainly.

27 PROFESSOR BERTRAND: How?

28 THE PUBLIC: That is a
29 difficult thing to explain.

30 PROFESSOR BERTRAND: How?

1 THE PUBLIC: You have to
2 look into yourself firstly and you find out
3 what is there and you have to accept this.

4 This is what turned me off
5 at first to use the slang expression, is you are
6 going into yourself and you consider that
7 basically a selfish motivation which refers
8 back to the selfishness and competition and
9 everything else, so you are not really getting
10 away from it -- getting away from everything.

11 But when you get inside
12 you realize these things and then things would
13 be so much better and that you would even
14 become willing, you accept what is inside
15 yourself, what you can understand of yourself
16 and you are willing to give, give yourself,
17 give everything you have to other people.

18 PROFESSOR BERTRAND: You
19 are willing?

20 THE PUBLIC: Yes, we are
21 willing.

22 PROFESSOR BERTRAND: Do you
23 give?

24 THE PUBLIC: Yes, I think
25 I can honestly say that. And this is the thing.
26 You have gotten away from the competition
27 business. The only competition that you
28 come down to again, is that in giving you come
29 back out into society again and you have to
30 compete against society to attempt to change it.

1
2 Did I answer that
3 sufficiently?

4 MR. STEIN: Do you find
5 any danger that in coming to a point in your
6 life, where you feel you are able to give all
7 of the things that you found within you that
8 you may become smug and sort of a sense of
9 superiority -- I am not suggesting by the
10 way that you are conveying that, I am
11 asking you if you see this as potential for
12 this kind of insight?

13 THE PUBLIC: I think
14 perhaps it is what it gets away from. I think
15 that is totally irrelevant and entirely
16 unnecessary and once again relates back to
17 a state of being where you are in contact --
18 there is no reason ---

19 MR. STEIN: In relation
20 to people who may not show these priorities?

21 THE PUBLIC: Not at all.
22 I think that you are taught more to share
23 with them, and have them share the same
24 experiences.

25 MR. STEIN: What I am
26 getting at is suppose they don't share those
27 values and they don't want that type --
28 let's just use the terminology we have been
29 using and say they want to continue with
30 competition and what they consider to be
-- they consider that superior. Why do you

1 yourself in relation to that then? Are they
2 wrong? Are you better than them?

3 THE PUBLIC: No, not
4 better.

5 MR. STEIN: Are they wrong?

6 THE PUBLIC: My personal
7 value judgment on that is yes, I think they
8 are wrong. And I think if they try, if they
9 learn, and you can learn this without drugs.

10 MR. STEIN: Do you feel
11 there is something exclusively unique or
12 more valuable about the drug experience as
13 a way of obtaining this kind of insight you
14 have been talking about than perhaps other
15 ways?

16 THE PUBLIC: No, not
17 necessarily, except that it often speeds up,
18 I think, this going into the inner awareness
19 and by going on drugs, anyone I know that
20 goes on drugs or has gone on drugs or is
21 going on drugs and so on, goes into a state
22 where they examine themselves and then goes
23 outward and this often speeds this up. I
24 think an awful lot of people do this anyway,
25 and there are other means of doing it.

26 THE CHAIRMAN: Can you
27 get these insights without the aid of drugs?

28 THE PUBLIC: Yes, I
29 believe so. Eastern mystical religions talk
30 about this a lot.

The Christian religion and the New Testament points this out somewhat, but not clearly enough. Basically the Christian religion and the teachings of Christ have to deal with all this and they fit in with the mystical Eastern religions as well.

But it is not -- the guidelines are not really given and I think that Christianity say in our country and in well, the society in which we live, has been perverted. It has not been our fault. I mean it happened a long time ago.

THE CHAIRMAN: Well, say we assumed for the sake of argument that despite significant social changes and improvements, reforms of various kinds, that make life better, we have to continue to operate essentially in a world situation and a world situation that forces us to be competitive whether we like it or not with the modern industrial technical society, highly complex division of labour and all the other things that go with it.

Assuming we have to, making what changes we can to improve life's cycle to go on, what in your judgment would likely be the effect on our capacity to operate that system effectively in the world scene if we had a steady extension of drug

1 use with these insights and these effects
2 you are referring to? What would be the
3 benefit to our society?

4 THE PUBLIC: Our society
5 would change and you would get away from the
6 economic basis.

7 THE CHAIRMAN: You would
8 get away from what?

9 THE PUBLIC: The economic
10 basis which we are now standing upon.

11 THE CHAIRMAN: Would we
12 become indifferent to our economic standing
13 in a world sense?

14 THE PUBLIC: Well, you
15 know, a simple question ---

16 THE CHAIRMAN: We are
17 selling our products abroad in a competitive
18 world market. I mean there is no mystery
19 about it.

20 THE PUBLIC: Obviously
21 we are not going to be able to get the
22 economic basis like that and get into another
23 form of society. This is going to have to be
24 done through some sort of change, which we
25 have to point out. I mean Canada is in a
26 position where it can still point the way
27 to other nations. We don't have the problems
28 that say the U.S.A. or U.S.S.R. or China have
29 in this field.

30 And so, I think it would be

1 quite worthwhile if we got into something
2 like this. I obviously don't have the
3 answers. I am not a political scientist or
4 economist or anything like that. I don't know
5 how you would go about it. But I think it is
6 essential that there is some manner in which
7 we break down the economic system, go into a
8 thing and this is highly idealistic, but
9 by getting into this, if the people of
10 Canada were in a position where they got away
11 from competition, got into a basis of
12 brotherhood, sharing, but you are going to have
13 basically the same problems with the rest of the
14 world, that people who feel this way now have
15 in trying to change the system within Canada.

16 MR. STEIN: There has been
17 the suggestion that the possibility or masses of
18 young people in North America which is to be
19 concerned with what you have been talking about,
20 and to look into one's inner being and to
21 try to find out what your values are, that
22 the very existence of this as a mass phenomena
23 is very much related to the fact that we
24 have had a very highly competitive economic
25 system that has created affluence and has
26 left large numbers of us without having to be
27 involved in tilling the fields sort of thing,
28 from morning until night. So I think this
29 is what the question we are throwing at you
30 is related to. Is there a basic

1 requirement, some kind of, let's say,
2 minimum economic productivity which is necessary
3 in order to maintain this possibility of
4 seeking a new emphasis or a new style of
5 life? Is it possible to have two
6 different kinds of life style that may appear
7 in conflict or can they move together?
8 Can they operate on a corollary fashion or
9 complementary fashion?

10 THE PUBLIC: I think you
11 are getting away from the point of the
12 brotherhood business. You still need
13 productivity but you get away from the
14 economic basis, from the competitive basis,
15 that people, once they have gone in themselves,
16 and I am dealing from my own experiences and
17 from people I know, that when you come out of it,
18 you want this -- you have this aspect of
19 share, not even wanting to, you are just
20 willing to share together. You still have
21 the productivity.

22 For a while you go away,
23 withdrawn, you go into yourself and you get
24 away from things like tilling the field,
25 but you go back to it, and everyone is
26 willing to do this. Everybody else. And you
27 don't need the economic basis or the
28 productivity basis is not even a question
29 if you are willing to do it.

30 MR. STEIN: Are you

suggesting people are willing and I am using
 tilling the fields in a loose, symbolic way,
 but they would have to be a lot of tilling
 of the fields.

You are suggesting that
 out of this inner awareness would come the
 willingness not to just talk about sharing,
 and some joint economic effort, but the fact
 of economic sharing?

THE PUBLIC: Any
 awareness is only a small part of it, I think,
 that it is just one small thing that you go
 outside of the inner awareness and that is
 no longer important to you and you go outside
 of it to the other aspects, that you once
 knew, related again with society, with social
 orders and changes, with improvements and
 this is only a temporary withdrawal.

THE CHAIRMAN: There is a
 gentleman behind you, I think.

Thank you very much.

THE PUBLIC: I have given
 you some sheets which I would like you to look
 at.

THE CHAIRMAN: Could you
 speak more closely to the microphone, please?

THE PUBLIC: I have given
 you some sheets I would like you to look at.
 This is just a small study we have conducted.
 I am a psychology student at the University of

1 New Brunswick. The primary purpose of the
2 study was to make you familiar with the
3 psychometric method in psychology.

4 At the same time we wanted
5 to bring in some relevance and say we asked
6 people to construct a scale or we constructed
7 a scale by asking them to rate various crimes.

8 The crimes which we
9 asked them, and I won't go into the details
10 on method, but the crimes which we asked them
11 to comment on were abortion, adultery, bootlegging,
12 burglary, counterfeiting, embezzlement, extortion,
13 kidnapping, murder, burglary, possession of
14 marijuana, rape, receiving stolen goods,
15 trafficking in drugs and vagrancy.

16 Now, I won't go into the
17 details ---

18 PROFESSOR BERTRAND: What
19 is the rationale for the scale?

20 THE PUBLIC: Pardon?

21 PROFESSOR BERTRAND: What
22 is the rationale for the scale?

23 THE CHAIRMAN: What is the
24 rationale for the scale? How can such a scale
25 be meaningful?

26 PROFESSOR BERTRAND: Is it
27 a scale of dangerousness, is it a scale of
28 social danger?

29 THE PUBLIC: I am just
30 going to go into that.

PROFESSOR BERTRAND: All
right.

THE PUBLIC: We tried to
pick a random sample of a hundred and ten
students at the University of New Brunswick
and we asked them -- we presented them with a
list of the crimes and asked them to place
each crime in one of five categories.

These categories were,
"I consider this act to be a very serious
crime", "moderate crime" and "I
consider this not to be a crime."

Now, there were a number
of errors in the method. I don't believe that
the sample was round, and therefore I don't
think we can really base exactly any rating
of these crimes in the survey. All I can
say is, we conducted this, and I believe we
can reprocate this survey and with a larger
sample, correct the errors in method, and
reproduce it.

Now, would you like me to
present the results of the survey?

PROFESSOR BERTRAND: Yes.

THE PUBLIC: Do you have
the sheet before you?

THE CHAIRMAN: Yes.

PROFESSOR BERTRAND: Yes.

THE PUBLIC: I have taken
vagrancy, it came out as the lowest crime,

I have taken that as the zero point. Fifteen crimes, they go from murder at 4.63. Again this doesn't mean that murder is 4.63 times as great a crime as vagrancy, it is just an indication of the relative position of these crimes on the scale. The rank was then murder, kidnapping, in this order of seriousness, murder, kidnapping, rape, extortion, embezzlement, perjury, burglary, trafficking in drugs, receiving stolen goods, bootlegging, abortion, adultery, possession of marijuana and vagrancy.

We asked people to rate these crimes not as they are punished by law, but as they feel they are crimes.

PROFESSOR BERTRAND: What was the question?

THE PUBLIC: I beg your pardon?

PROFESSOR BERTRAND: How did you put the question?

THE PUBLIC: I think I explained that -- perhaps not very well. We presented them with a list of crimes and asked them to place each crime in these five categories.

PROFESSOR BERTRAND: And what?

THE PUBLIC: I explained that, extremely serious crime, moderately serious

1 crime. Do you understand what I mean?

2 PROFESSOR BERTRAND: No
3 criteria for seriousness. This is what I am
4 asking you.

5 THE PUBLIC: That's right.
6 But this is a valid method, psychometric
7 method.

8 THE CHAIRMAN: You don't
9 know what the value system is that these
10 results reflect?

11 THE PUBLIC: I don't know
12 what the value system is. All I am trying
13 to show you is what we think, the students
14 of the University of New Brunswick think
15 the relative seriousness of these crimes are.
16 That is what I am trying to present.

17 THE CHAIRMAN: Right.

18 THE PUBLIC: What I am
19 trying to point out, which is relevant to this
20 inquiry, is possession of marijuana, according
21 to this scale, is only slightly above
22 vagrancy. Trafficking in drugs is a more
23 serious crime.

24 Now, I think if you were
25 to rate these crimes on seriousness as
26 according to how they are punished by law,
27 you would find there would be a great change
28 in order, and this is the only point I am
29 trying to make.

30 THE CHAIRMAN: Yes.

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1 horse shit. You can't deal with drugs like
2 that. They are a kick like alcohol and
3 when you start talking about drugs and
4 socialism you get bogged down in rhetoric,
5 the same with mystical experience, and you
6 are not going to be able to deal with the
7 problem, because you will be constantly bogged
8 down in rhetoric.

9 Okay?

10 THE PUBLIC: I would just
11 like to go along with what Clay just said,
12 and I think as students of New Brunswick ---

13 THE CHAIRMAN: Speak
14 closer to the microphone, please?

15 THE PUBLIC: I think you
16 should be aware that as students here in
17 New Brunswick we are under a double handicap.
18 The drug laws are foolish enough, but
19 their application in New Brunswick and in other
20 parts of the Maritimes borders on the ridiculous
21 in many instances and I think that you have
22 a severe double standard.

23 If you are going to enforce
24 drug laws, which do not make sense to the
25 people who are using the drugs, then you must
26 enforce them the same all over the country
27 and the things that happen to you in New
28 Brunswick, if you are caught with soft drugs,
29 or pushing soft drugs, are two, three, four,
30 five times as unfortunate as things that happened

1 to you in other parts of the country and I
2 think you should be very much aware of this
3 because everyone here is very much aware
4 of the dangers that you are involved with
5 in taking drugs in New Brunswick, particularly.

6 THE CHAIRMAN: Thank you.

7 There is a gentleman at the
8 microphone.

9 THE PUBLIC: I don't think
10 particularly social fears could advocate ---

11 THE CHAIRMAN: Could you
12 speak closer to the microphone please?

13 THE PUBLIC: I want to
14 express my opinion as to what I have experienced
15 with drugs myself.

16 What I am going to say
17 you have probably heard a dozen times before,
18 but with marijuana and with hashish I really
19 think they should be legalized from what I have
20 read in the various medical reports and
21 this sort of thing, opinions. LSD I found
22 to be an entirely different matter. And I mean
23 I have used the drug.

24 THE CHAIRMAN: I can't
25 hear you.

26 THE PUBLIC: I have used
27 the drug and I think I have gained benefit
28 from it, but I am not a doctor and I don't
29 feel that I am in a position to tell the
30 people that they should use the drug themselves.

1 But I do think that there
2 are obviously some beneficial qualities to the
3 drug, of LSD, and this Commission should make
4 it known to the people they are reporting to
5 that the drug should be investigated further.
6 I mean there are obviously some good things
7 about it and these should be emphasised as
8 well as the bad.

9 That's about all I have
10 to say.

11 THE CHAIRMAN: Thank you.

12 THE PUBLIC: Are there
13 other people waiting?

14 THE CHAIRMAN: You go
15 ahead. You have the floor.

16 THE PUBLIC: What I want
17 to say is I think there are two problems
18 involved, The first problem is concerned
19 with the use of marijuana. I think those
20 people who have used it realize that it has
21 been logically a red herring that has been
22 drawn through the whole problem. I believe
23 I could have a joint in my hand right now,
24 and I probably wouldn't be any more effected
25 by it, or two or three of them, if I had two
26 or three shots of Scotch for example.

27 But on the other hand, what ---

28 THE CHAIRMAN: What
29 would be the effect on you after three shots of
30 Scotch?

1 THE PUBLIC: I would feel
2 rather relaxed and not nervous as I am
3 now for example.

4 But I mean from the use
5 of marijuana I think has created a kind of a
6 cult and I think that these people who talk
7 about it, creates a feeling of brotherhood.
8 I am not so sure about that, because I think
9 it tends to create a cult which is sort of
10 exclusive. That is, you begin to -- people
11 who I know who have used it, begin to think of
12 themselves as someone special or different,
13 somehow better than other people; not square,
14 "with it" and that sort of thing. And I
15 think in that way it tends to separate people
16 from one another.

17 On the other hand, I think
18 that if it were legalized, that this cult
19 aspect would disappear. But there would be
20 other serious problems. For example, supposing
21 you were a school teacher, and at noon time your
22 students went out and smoked marijuana.
23 You wouldn't be able to control it, where you
24 could control alcohol. You wouldn't be able
25 to know that the student, you know, actually
26 proved and said you can't go out at noon time
27 and get high on pot, because when you come
28 back in in the afternoon you are not going to
29 be able to function as a student, anymore than
30 you would be able to function after three shots

1 of Scotch in you, or four shots of Scotch in you.

2 So if you are going to
3 legalize it, you are going to have problems
4 in how to deal with it. That is, we have to
5 adjust to it, as a society. We have to find
6 out ways to control it among young people
7 especially. And I just don't know how we
8 would do that, so I think it will create
9 problems.

10 But on the other hand,
11 I think that by not legalizing it, you
12 perhaps create more problems with this cult
13 aspect of it, and also the fact which has
14 probably been brought up with society condemning
15 it, and lumping it together with hard drugs,
16 so-called hard drugs, that young people will
17 not discriminate between those things that will
18 not harm them any more than, say, a six pack of
19 beer and those things that are potentially
20 very dangerous.

21 Now, I don't know much
22 about hard drugs, but I only know from rumours
23 and sort of inconclusive evidence that they
24 can be very dangerous and because of these rumours
25 I have avoided the use of LSD for example,
26 myself, because I just don't feel that it is
27 worth taking that kind of a risk.

28 Now, I know a lot of people
29 who were saying under the right circumstances,
30 you will be all right. But I don't feel that

1 it is at this point with the kind of
2 evidence that I have, that I could depend on these
3 people that they would in fact give me or they
4 would be in fact telling the truth.

5 The other thing that I
6 wanted to mention was what society's reaction
7 should be to people who use so-called hard
8 drugs, hallucinogenic drugs such as LSD and
9 I feel that if society decides that these
10 things are very dangerous, because a
11 certain percentage of people who use them
12 become psychologically unbalanced, that is,
13 psychopathic or whatever the proper
14 terminology would be.

15 If they are then going to
16 become a burden on society because we will have
17 provide institutions for them, or at least
18 some kind of medical attention. Then if this
19 is the case, I think perhaps until we can
20 develop a kind of drug which is known to be
21 safe, how can we sort of possibly condone
22 these things by setting up drug cure centres
23 which the young people will read into that
24 tacit situation, the belief that society in
25 fact does condone them, and that if they go
26 wrong, if they have a bad trip for example,
27 that society will look after them.

28 With this kind of
29 situation I think we can get into very serious
30 problems.

1 MR. STEIN: On that
2 point are you suggesting then that there should be
3 more medical treatment available because in some
4 way it would make it -- it appears as though
5 society condones the use?

6 THE PUBLIC: No, but I
7 think that at the same time obviously we are
8 going to treat these people but at the same
9 time, I think we will have to set up some
10 scale of punishment to show that although
11 society treats you for this thing, they
12 don't necessarily condone it and after
13 treatment you will have to suffer some
14 kind of legal punishment because otherwise
15 how can we as a society protect ourselves
16 against the vast numbers of people turning
17 themselves into you might say, wards, on the
18 state, or at least temporarily.

19 MR. STEIN: You feel that
20 you have the impression that this would be the
21 result, there would be vast numbers of people
22 who would become wards of the state in that
23 sense that they couldn't take care of themselves?

24 THE PUBLIC: I don't know
25 about vast numbers. I mean that is the other
26 part of it, you see, because they don't know
27 really how dangerous things -- these things are.
28 No one has conclusively -- for example, no
29 one has statistics on people who use LSD have
30 bad trips, attempt to do something crazy, jump

1 out of windows and that sort of thing,
2 That in fact might just be all a myth, a lie
3 that has been put out by the so-called
4 establishment just the way that this sort
5 of thing was put out when marijuana first came
6 out, that they said that marijuana was
7 terribly dangerous, and I think most people
8 who have used marijuana realize that it was
9 a myth. Now, this in fact, might be a
10 myth about LSD, I don't know. I am not in a
11 position to judge.

12 THE CHAIRMAN: I think
13 I will have to thank you, because there is
14 quite a line forming behind you.

15 Thanks very much.

16 THE PUBLIC: I don't want to
17 make a value judgment on any of the drugs, but
18 I would sort of like to just tell you what my
19 impressions are in the use and the possible
20 prohibition of certain drugs, which are now
21 illegal.

22 The use of marijuana on
23 this campus and as far as I can see, and I haven't
24 travelled that much in Canada, only as far as
25 Ontario, it is increasing on every campus
26 between here and Ontario and I would suspect the
27 same thing is going on out West.

28 This is only marijuana, LSD
29 and speed.

30 All right, so, if you

1 suddenly come out -- you as a body come out
2 and suddenly decide you are not going to legalize
3 marijuana, you have got to make your decision
4 on how you are going to police marijuana.
5 If there is an increase in the people using
6 it, your police officials are going to change
7 in their relative position to society.
8 Rather than being servants of society, and protecting
9 the wishes of society, they are going to be
10 policing the mass of the Canadian
11 population rather than the small percentage
12 which previously they have had to police.

13 And they are going to
14 lose respect and you are going to become one
15 step closer to a police state. You are not
16 going to be able to police marijuana if you
17 don't legalize it. You are not going to be
18 able to police LSD unless you do some half decent
19 research, rather than this half-assed stuff
20 that has been going on now into it, and come
21 out with some good facts to present reasonably
22 to the Canadian people and the Canadian students.

23 This goes the same with
24 all drugs. You have got to make a decision,
25 you, the representatives of the Canadian
26 parliament and the people whom most Canadian
27 students are putting a great deal of hope in,
28 and a great deal of promise on right now, in
29 their minds.

30 You have got to make the

1 right decision. And if you don't, and this
2 thing is expanding and I hope you realize the
3 responsibility of it, because I don't think this
4 has been impressed upon you here. If you don't
5 make the right decision you are going to alienate
6 even more than there are now, the Canadian masses
7 from their police force and from the members of
8 the Houses of Parliament who those police
9 forces represent and from the civic officials
10 who those police forces represent and from
11 the democracy who those police forces represent
12 and if they don't know it now, somebody should
13 tell them, the people of Canada represent.

14 And that is all I have to
15 say.

16 (Applause)

17 THE PUBLIC: I would just like
18 to say that as far as I can see the situation ---

19 THE CHAIRMAN: Speak a
20 little more closely to the microphone, please.

21 THE PUBLIC: The points
22 that I think should be looked at is, first of all
23 the legal aspect to the laws right now concerning
24 the use of drugs, marijuana, LSD, et cetera,
25 make them operate under the legal system. You
26 have a whole generation which believes sections
27 of our laws are a sure farce. This is one
28 main point that affects the society.

29 Another point which I think
30 is more immediate and should be considered

1 first of all, is the sort of individual
2 human tragedies that occur every day because
3 of the law. You have kids from eighteen,
4 seventeen, sixteen, fifteen, whose lives are
5 distorted for a period of a year, two years
6 or more, because they happen to have got busted
7 laws
8 on/what is as far as I can see, ridiculous,
9 and I am sure other people have told you this,
10 also.

11 So I think immediately
12 you have to make the laws more lenient and
13 eventually legalize marijuana, because as Vic
14 said, you will never be able to control it.
15 The interest is not going to decrease. It is
16 something that has been discovered by our
17 society and will increase definitely.

18 That's all.

19 THE CHAIRMAN: Thank you.

20 THE PUBLIC: A lot of the
21 things that were said today I have to classify
22 as being really ridiculous, and people are going
23 to think what I have got to say coming up is
24 insane. They may not be conceptualizing
25 what I am going to be talking about. I think
26 from my point of view, which has some
27 political bias to it, in your perspective,
28 if you knew -- I am a member of S T S?

29 The problem with drugs
30 is not necessarily a problem of bad trips,

1 because nobody knows what a bad trip is
2 that doesn't do drugs. But maybe the best
3 way to talk about it, what I am going to start
4 talking about, or the best point to begin
5 may be just to talk about a bad trip.

6 You know, there is a
7 tremendously bad trip and it seems to go in
8 terms of your nerves at that particular time,
9 the amount of speed that is in the acid, et cetera,
10 and in terms which will make you completely
11 unable to relate to anything that you can
12 consider as normal in a sense that having to
13 do with your sense of perceptions. Things
14 can happen. Your whole sense of perception
15 can become a whole new thing to you. The
16 thing
17 whole habitual/relating to sense perceptions
18 during your life becomes completely broken
19 down, becomes a situation of complete
20 non-reality, that it means that you have to
21 cope with this, and the problem arises that
22 when all this suddenly hits you at once,
23 you can't cope with it.

24 Now, this can occur and
25 when it does occur it isn't primarily necessarily
26 the fault of the drug, you see. That all the
27 fault rests with the individual. And a lot
28 of the problems -- people talk about I had a freak,
29 I have started to think about something and I
30 had a freak and it ruined my whole trip, because
I just freaked the whole trip. I think some of the
problems is that when you can start realizing

some other type of reality in terms of -- you have got to sort of introvert things because you simply can't relate to the outside part because it is new to you. The automatic thing that happens is that it goes back this way. And what happens is when some people stand up like Clayton did and say that it is a kick, and that anybody else, any of the other theorizing, etc., is bull shit. That is not true. When people come up and say, "I don't want to try LSD because I have heard rumours about it and people have had freaky trips," etc., and even disregarding the chromosomal damage thing which is up in the air still, you know, "I don't want to try it because I may go insane". I think the problem is, and I think it still relates to the fact that, when you were talking to earlier, about, the man on the end, about is there another society that could live in a co-operative existence with this one, and you brought up automatically like I expected you would, you know, some kind of economic variable, some kind of symbolic thing that can only be identified in terms of something which you have been necessarily socialized into that your terms of reference couldn't get outside of. And it was that kind of thing that necessarily means the progression of society, necessarily means the content of society.

And I think that what happens is

1 that the fact that you can start looking into
2 yourself, means that you can utilize yourself
3 to other means other than drugs. You can use
4 drugs too and you can use other things at the
5 same time, if you go through this experiential
6 thing.

7 And what it means is that you
8 can reach a position where you can start to
9 question. Not peripheral values, not peripheral
10 value structures, that the socialization process
11 induces within us, but the concrete value things.
12 You know, what I mean by concrete value things
13 is like, in some political science researches
14 that are really badly done, you know, they talk
15 about, well, in a certain town in a four year
16 period they voted, you know, Conservative, and
17 all of a sudden they voted Liberal, and there
18 was a switch of values. Whereas if there was a
19 switch in a concrete value it would mean that a
20 person critically said, "I don't want to vote for
21 any parties whatsoever, and I don't recognize the
22 availability in terms of me as an individual of
23 that parliamentary system."

24 Now, that kind of a change in
25 value structure, you know, a concrete change.
26 I think you can't, to be directed, in terms of
27 your experiential involvement with yourself on
28 a drug toward this kind of central value thing,
29 that you start to question the value, the value
30 systems. And the outside of this, what you get

1 are the values of a society of things you are
2 doing as moral, that labels you as being sick,
3 so that a fellow stands up and says, "Maybe
4 the best thing for society to do is, maybe
5 they should legalize it because there is going
6 to be a lot of dangerous things happen if they
7 don't legalize it in terms of heavy sentences,
8 in terms of not only young people but the
9 middle-class suburban who is doing it too,
10 becoming very depressed in having what the
11 society has been able to have, an almost
12 physical representation, in the kind of
13 impression they are getting. That I think
14 this inability to recognize and to refer to
15 a situation such as this which is relatively
16 new in terms of the amount of people that are
17 doing^{it}/and in terms of the kind of thing we are
18 talking about, that an inability to recognize
19 it in any other way except, you know, that the
20 person is sick, except that you should have
21 medical institutions set up so that these
22 people can be rehabilitated back into society.
23 And that is the sick thing. Because what you
24 are saying, in effect, is, society runs on
25 certain norms which are inherent in man almost.
26 Like, the society
27 in the boundaries of Canada, and the boundaries
28 of United States is that system of living in
29 terms of man that is qualitatively the best.
30 And we are all right and there is only 10% of us

1 that are living this way in terms of the world,
2 says
3 DeGaulle / is the best way to live and we
4 spread it all over the world imperialistically
5 in Vietnam, and all over the world, the value
6 to
7 of that, I think, / a lot of the people, and
8 certainly not all. One of the main problems
9 with heads is they will get all up-tight about
10 a Drug Commission coming here and some people
11 will do researches and some people will write
12 up studies and some people will come up to look
13 at all the narcs to make sure who they are, etc.,
14 and they get all up-tight and serious about
15 this. And they will go home and they will
16 blow a few J's or something and then, "What
17 about the Vietnam war?" or "What about the fact
18 one company puts more pollution in the
19 St. John River than the whole city of Montreal
20 does into the St. Lawrence." And they say, "I'm
21 powerless to do anything about that," or "I don't
22 want to do anything about that", or the whole
23 world is such a mystification to them, he would
24 rather sit in his own corner he could relate
25 to. The problem is he can't relate to that
26 either. Because he can't relate to other things.
27 That external tensions and restrictions and
28 propoganda that act upon you when you are, you
29 know, in an experiential situation such as
30 taking drugs and if you are trying to utilize
 other drugs and trying to find out what a drug
 is doing to you, but what you are attempting to

1 find out in yourself and your role relationship
2 to your immediate environment and to an environ-
3 ment situation in boundaries to the country.
4 And what happens is that socialization process
5 which is really concrete takes over and says,
6 "Don't do these things", you know, be afraid
7 of questionning yourself; be afraid of question-
8 ning what you have learned from the former
9 situation, from your educational system, from
10 the people that you relate to. And a lot of
11 people are saying, you know, "I'm not going to
12 be afraid because I'm getting some really
13 relevant information out of that." And what it
14 means is that when you start doing medical
15 research and psychological research on the
16 effect of drugs, you may not legalize it, and
17 you may legalize it and do other things in
18 order to combat what I am talking about because
19 what I am talking about is necessarily true
20 in the sense that this is happening. That
21 people are talking about a qualitatively new
22 society, not a society in terms of recognizing
23 things like tilling fields and an economic
24 production system that is going to change things.
25 You know, what happens if you change society,
26 how is Canada going to stand in terms of the
27 world competition and trade etc. You know,
28 in other words, how is Canada going to stop being
29 imperialistic? How is it going to stop
30 not helping people who are starving, etc?

1 I don't think those are things you worry about.
2 You wonder about how you stop that. You worry
3 about changing that.

4 And I think it is spreading
5 because it is an intellectualization of these
6 qualitatively new experiences. It is an attack
7 on the value systems in society. These people
8 are asking for a qualitatively new society and
9 they are saying, "We don't expect it, we don't
10 expect to get it from a government. "You know,
11 if in the final analysis, or in our near final
12 analysis of exactly what the problems are,
13 if we get down to a situation where maybe the
14 definition of the kind of government that we
15 know, not government as a term, but the kind
16 of government that we know would be the best
17 thing. We certainly can't expect to go to
18 the government and negotiate because it is
19 an unequal power basis, to negotiate for its
20 own disillusionment. So people say, "I
21 have a right to act in society as an individual"
22 and what you are saying by that right there is
23 you don't. And what you are saying by --
24 there is a great contradiction by you people
25 and I am aware of it, as going around the
26 country and listening to people talking about
27 a drug situation, trying to get information
28 on it, trying to test the tone of society
29 as to whether drugs should be made legal or
30 illegal, and the very fact is that it is

1 illegal and the very fact is you are doing
2 this now.

3 When the drug was made illegal
4 in 1937 and people use morality arguments.
5 They say, "It's immoral for a man to do
6 these things. It's immoral for a man to go
7 out and take drugs",and therefore it was
8 immoral in 1937 for Canada to import 750,000 pounds
9 of heroin from the United States. That
10 immorality in essence was happening and it's
11 bad in terms of the judicial in the fact
12 that you can legislate more laws and we are
13 legislating more laws by people who are
14 completely irresponsible in terms of knowl-
15 edge and not having the background to legis-
16 late laws, that not being able to test the
17 tone of the population, not being able to
18 predict it, not being able to know exactly
19 what the population wants and desires, but
20 in fact saying that, "Since I am that
21 representative elected for four years, I can
22 judge what people are doing. I know what
23 people's preferences are,"and I think that
24 is a point of conjecture because I think it
25 is proven from the very fact you are here.
26 You have to set, you know, if you are going
27 to conduct a drug inquiry, let's have a
28 moratorium on sentences. Nobody said anything
29 about that.

30 MR. STEIN: Could I ask you a

1 question?

2 THE PUBLIC: Yes.

3 MR. STEIN: I am trying to

4 follow you here, and it is very difficult.

5 One simple question: Is the inference in

6 your comments that government in your

7 estimation is irrelevant? Is that part of

8 what you are saying?

9 THE PUBLIC: No. Because

10 what you mean by relevant is a clouded term.

11 MR. STEIN: There is no change

12 that really could come from the existing poli-

13 tical system.

14 THE PUBLIC: That's right.

15 MR. STEIN: Why are you address-

16 sing us?

17 THE PUBLIC: I am addressing

18 you because I think people who are sitting

19 here, and ^{you}/people up there, you know, should

20 be aware that I think the problem exceeds the

21 boundaries of simple legalities. But when

22 a person comes up and gives you, you know,

23 a talk about his experiences in terms of the

24 trip or in terms of the high, that he talks

25 about things in terms of "Well, I think

26 there should be brotherhood." and I think that

27 the drug users love etc., that these

28 terms really don't have any definition or

29 meaning to you and I think that maybe that

30 the problem you should/be aware of is it
probably

1 exceeds boundaries of simple illegality
2 and legality. It exceeds boundaries of
3 people just having a kick, etc.. That's
4 my opinion on it anyway.

5 THE CHAIRMAN: Thank you.

6 THE PUBLIC: I think that
7 one point that should be emphasized is
8 exactly what the psychedelic drugs do to
9 your mind, also in terms of other drugs.
10 Psychedelic drugs enable -- there are parts
11 of your mind that you are not normally aware
12 of, your subconscious. Psychedelic drugs
13 bring that out to your conscious mind, so it
14 is just a way of realizing more of yourself,
15 and in my opinion, you have to do this first
16 in order to be able to relate to other people
17 in a more human, brotherly sense, if you want
18 to use that word. Like, you have to know
19 yourself first. And psychedelic drugs enable
20 you to see more of your own self, whereas
21 other drugs don't do this. Alcohol takes you
22 the opposite way. It takes your conscious
23 mind back into your subconscious so you are
24 in more or less of a dream. And things like
25 speed simply stabilize and rigidify your mind
26 where it is right now.

27 Actually, what I am saying is
28 that psychedelic drugs are in a whole class
29 altogether. Like, there is no other drug
30 that does the same thing.

1 The fact is that two things
2 happen when you start to take drugs. One is
3 simply nice and you like to do it. It is just
4 fun, you know, you feel good. There has never
5 been any evidence whatsoever of marijuana
6 being harmful anyway. People have been smoking
7 for twenty, thirty years, and nobody has still
8 ever found anything harmful about it. So the
9 simple fact is that marijuana is just nice.

10 Now, that fact alone should be
11 reason enough for its legalization. However,
12 if you tend to be a little introspective and
13 want to use drugs for other reasons, you can
14 use them to get into yourself, or get the
15 inside part of you out.

16 THE CHAIRMAN: Excuse me, I
17 see that we have to be back at the Beaverbrook
18 Hotel in four minutes. I guess we had better
19 make a move.

20 We would welcome any who would
21 care to come and speak to us there. We would
22 be most grateful to have your assistance.

23 Thank you very much for your
24 reception here today.

25 --- Upon adjourning at 2:20 p.m.
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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

February 19, 1970
Lord Beaverbrook Hotel
Fredericton,
New Brunswick

COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
J. Peter Stein,	Member,
H. E. Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary,
Marie-Andrée Bertrand,	Member.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

February 19, 1970
Lord Beaverbrook Hotel
Fredericton,
New Brunswick.

1 ---Upon commencing at 9:30 a.m.

2 THE CHAIRMAN: Ladies and
3 gentlemen, I call this hearing of the Commission of
4 Inquiry into the Non-Medical Use of Drugs to order.
5 I should like to first introduce the members of the
6 Commission and staff who are present here today.

7 On my far right, Dean Ian
8 Campbell, of Montreal, and formerly of this
9 Province, I should observe here. On my immediate
10 right, Dr. H. Lehmann of Montreal; I am Gerald
11 LeDain, on my left James Moore, Executive
12 Secretary of the Commission; on Mr. Moore's
13 left, Professor Marie-Andrée Bertrand, of
14 Montreal; on Miss Bertrand's left, J. Peter
15 Stein of Vancouver, and there is the rest of our
16 staff here today.

17 I should like to read a
18 statement concerning the background of the
19 Commission's appointment to give some idea of
20 how we interpret our task.

21 The Commission of Inquiry
22 into the Non-Medical Use of Drugs was appointed
23 by the federal government on May 29th, last year,
24 upon the recommendation of the Honourable John
25 Munro, Minister of National Health and Welfare.

26 The Commission has an
27 independent status under Part I of the Inquiries
28 Act.

29 The concern which gave rise
30 to the appointment of the Commission is described

1 in Order in Council which authorized the
2 appointment in the following words:

3 "... there is growing concern
4 in Canada about the non-medical use of
5 certain drugs and substances, particularly
6 those having sedative, stimulant,
7 tranquilizing or hallucinogenic properties
8 and the effect of such use on the
9 individual and the social implications
10 thereof:

11 ... within recent years, there has
12 developed also the practice of inhaling
13 of the fumes of certain solvents having
14 an hallucinogenic effect, and resulting
15 in serious physical damage and a number
16 of deaths, such solvents being found in
17 certain household substances. Despite
18 warnings and considerable publicity, this
19 practice has developed among young people
20 and can be said to be related to the
21 use of drugs for other than medical
22 purposes:

23 ... certain of these drugs and substances,
24 including lysergic acid diethylamide, LSD,
25 methamphetamines, commonly referred to as
26 'Speed', and certain others, have been
27 made the subject of controlling or
28 prohibiting legislation under the Food
29 and Drugs Act, and cannabis, marijuana,
30 has been a substance, the possession

1 of or trafficking in which has been
2 prohibited under the Narcotic Control Act;
3 ...notwithstanding these measures and the
4 competent enforcement thereof by the R.C.M.
5 Police and other enforcement bodies, the
6 incidents of possession and use of these
7 substances for non-medical purposes, has
8 increased, and the need for investigation
9 as to the cause of such increase in use has
10 become imperative."

11 In announcing the Commission's
12 appointment, the Minister of National Health and
13 Welfare spoke of the "grave concern felt by the
14 government at the expanding proportions of the use of
15 drugs and related substances for non-medical
16 purposes."

17 The terms of reference defining
18 the Commission's inquiry into the non-medical
19 use of psychotropic drugs and substances mention
20 sedatives, stimulants, tranquilizers and hallucinogens.

21 For the present, the
22 Commission understands "drug" to mean any
23 substance which chemically alters structure or
24 function in the living organism, and
25 "psychotropic" drugs as those which alter
26 sensation, feeling, consciousness and psychological
27 or behavioural functions. The Commission
28 has tentatively defined "medical use" in terms
29 of generally accepted medical practice -- under
30 medical supervision or not. All other use is

"non-medical use".

By itself, a prescription does not distinguish medical from non-medical use. A non-prescription drug like aspirin may be taken for medical use. Or a prescription drug may be taken for generally accepted medical reasons, then no longer required.

The Commission is invited by its terms of reference to "marshal ... the present fund of knowledge concerning the non-medical use of sedative, stimulant, tranquilizing, hallucinogenic and other psychotropic drugs or substances".

But since an interim report is expected early this year, and a final report within two years, the Commission will have to be selective.

It must consider what appear to be the principal issues which led to its appointment.

The Commission has the initial impression that its primary focus must be on the non-medical use of drugs by the young and by adults as it relates to or affects the use of drugs by youth.

The Commission has drawn up a preliminary classification of psychoactive drugs, which falls into the following eight categories: hypnotics-sedatives; stimulants; psychedelic-hallucinogenics; opiates-narcotics;

1 volatile solvents and gases; analgesics (non-
2 narcotic painkillers); clinical anti-depressants;
3 and major tranquilizers.

4 The Commission sees its
5 primary emphasis on the following categories:

6 1. The psychedelic
7 hallucinogenic, which includes cannabis
8 (marijuana and hashish), LSD and mescaline
9 and other "restricted drugs" placed under
10 the new schedule J of the Food and Drugs
11 Act; DMT, STP, (DOM), and DET.

12 2. the stimulants,
13 including such amphetamines as benzadrine
14 and methadrine -- generally referred to
15 as "speed".

16 3. the volatile solvents and
17 gases -- often referred to as "delirients",
18 such as glue, nailpolish remover, and
19 paint thinner.

20 4. the sedative-hypnotics,
21 such as the barbiturates (used as sleeping
22 pills), the minor tranquilizers, and ethyl
23 alcohol;

24 5. the opiate-narcotics, such
25 as heroin.

26 Alcohol and nicotine are
27 clearly mood-modifying drugs used for non-medical
28 reasons and therefore within the terms of
29 reference. However, the Commission could not
30 possibly perform its task if it were required to

consider the extensive research carried out on these substances. A realistic view compels the Commission to regard the non-medical use of alcohol and nicotine in their relation to the non-medical use of other psychotropic drugs. This is also the Commission's position, at least initially, on the non-medical use of the opiate-narcotics such as heroin.

These so-called "hard drugs" are not excluded from the terms of reference, because they do have psychotropic properties. But as with alcohol and nicotine, the Commission cannot hope to do justice to the extensive literature on the subject. The "hard drugs" are therefore to be examined in their possible relationship to the non-medical use of the "soft drugs".

Two contentions brought to the Commission's attention may illustrate what is meant by "relationship" to the non-medical use of soft drugs.

The first contention is that extensive social use of alcohol not only creates a permissive climate of drug use, but also reflects a provocative injustice and even hypocrisy in our legislative and law enforcement attitudes. The second contention is that the use of certain soft drugs like cannabis (marijuana) leads very often, if not generally, to hard drug addiction.

What are the issues in this inquiry? The Commission must investigate the extent of the non-medical use of mood-modifying drugs in Canada. That means the pattern of drug use; the drugs and various groups or populations involved, according to age, occupation, etc.; the movement from one drug to another.

The Commission must investigate physical and psychological effects of these drugs, effects on behaviour of the individual concerned, effects on others, and effects on society. Finally, and by no means least important, the Commission must investigate the reasons for the non-medical use of drugs -- not only the personal reasons or motivation, but the social, educational, economic, philosophic and other reasons. In other words, what is the meaning or larger significance of this phenomenon? What is the true nature of the challenge it presents to our civilization?

We have accepted a very difficult task and we need your help. It is imperative that we have the views of as many Canadians as possible. This is not solely a technical question for experts; it is a broad social issue, going to the very nature of human existence in our time. It is a question to which everyone can contribute a measure of insight and wisdom.

1 Maintenant j'aimerais dire un mot
2 quant à notre façon de procéder dans nos audi-
3 tions publiques.

4 Nous voulons que l'atmosphère soit
5 assez informelle pour encourager la participa-
6 tion de tout le monde, parce que nous avons
7 besoin de l'opinion de tout le monde.

8 Donc, notre façon de procéder est
9 d'abord d'entendre les soumissions formelles
10 et ensuite de donner l'occasion d'exprimer les
11 commentaires ou les questions de la part des
12 membres de la Commission, aussi bien que de la
13 part de ceux qui assistent.

14 Evidemment dans nos auditions
15 publiques, nous ne cherchons pas les détails per-
16 sonnels de la conduite de chacun; nous sommes
17 prêts à entendre des individus dans des auditions
18 privées, ou nous avons le pouvoir de garder
19 leur témoignage anonyme.

20 A la fin de nos auditions publi-
21 ques, nous aurons l'occasion de tenir ses au-
22 ditions privées. Si vous voulez nous parler
23 de cette façon, vous n'avez qu'à laisser votre
24 nom avec notre secrétaire, Monsieur James J.
25 Moore.

26 Dans les auditions publiques, é-
27 videmment nous nous intéressons à avoir vos o-
28 pinions générales et vos réactions sur cette
29 question, mais nous ne pouvons pas vous proté-
30 ger pour ce que vous dites en public, évidem-

1 ment.

2 Maintenant j'aimerais dire un mot
3 pour ceux qui représentent la Presse ici. Nous
4 avons demandé dans chaque ville que les repré-
5 sentants de la Presse ne prennent pas de pho-
6 tographies des témoins dans l'audience, c'est-
7 a-dire ceux qui ne se présentent pas a cette ta-
8 ble de facon formelle, et puis la Presse a res-
9 pecté cette demande de notre part, partout où
10 nous avons tenu des auditions publiques.

11 Maintenant, nous avons un program-
12 me de soumissions ce matin...

I would call now upon Mr.
F.T. Atkinson, Deputy Minister of Education and Mr.
R.J. Harvey, Chairman of Inter-departmental
Committee on Drug Use. If these gentlemen
would like to be seated at this table here. I
believe you have some other colleagues with you
and if you would like to be seated at the table,
you could introduce the other members of your
company.

MR. ATKINSON: Mr. Chairman,
I would like to introduce the members. On my
left is Mr. Hazen Strange from the Department of
Justice. On my immediate right is Mr. Richard
Harvey of the Department of Education and Chairman
of the Committee that has been doing the study,
and on Mr. Harvey's right, Miss Elizabeth Owens
a secretary to this Committee, Dr. Guy
St. Pierre from the Department of Health, who was
not a member of the Committee originally, but
has now taken the place of Dr. (Casson)
who is no longer with the Department of Health
and Welfare. And Brigadier ^{Anderson} / the Deputy
Minister of Youth, if you would stand up and
identify yourself - Mr. Anderson. And Mr. Harvey,
Mr. Chairman, will be presenting the brief on
behalf of this Committee.

THE CHAIRMAN: Thank you
very much. I just want to make sure that I
understand. There are two departments represented
here, today; Justice and Education?

1
2 MR. ATKINSON: There are
3 four departments, Justice, Education, Health and
4 Welfare and the Department of Youth.

5 THE CHAIRMAN: Thank you.

6 Mr. Harvey, if you would
7 like to proceed?

8 MR. HARVEY: At this point
9 I think we can make some general comments about
10 our study. However, in the long term, I think
11 we would be interested in the reaction of the
12 Commission to the recommendations which we have
13 made.

14 At this point we have had the
15 benefit of those ^{several} / people whom you have already
16 met. We have had the co-operation of a great
17 many people from all walks of life and compressed
18 our views in a brief which has been forwarded
19 to you.

20 Now, I realize the great
21 difficulty in reading large volumes, but we would
22 be interested in getting some reaction from the
23 Commission on the recommendations which we have
24 made. With reference to the recommendations
25 I should like to point out that they range from
26 general to specific, and that while this is true,
27 I would like to go on record as pointing out that
28 the last recommendation, while it is in that
29 position, does not in any way imply that it is the
30 least important. At this point then, I think
that as a committee, I think we could entertain some

1 more specific questions on the points that we
2 have raised.

3 THE CHAIRMAN: Mr. Stein?

4 MR. STEIN: The first
5 paragraph under your recommendations in which
6 you indicate that there is insufficient knowledge
7 at this time in your estimation to warrant your
8 speaking on the question of legalization of
9 marijuana; has your committee considered the
10 issue of legalization at all, apart from the
11 question of changing the present handling of
12 those persons charged with possession of this
13 drug? In other words, are you suggesting
14 here that you do not wish to make any
15 statements about the possession laws as they
16 presently stand, or are you suggesting that
17 you don't want to make any recommendation about
18 possible legalization or do you see them as the
19 same kind of issue?

20 MR. HARVEY: We have
21 acknowledged the business with marijuana, so that
22 it would not appear that it is an omission,
23 something that has been overlooked. With
24 respect to this specific question, I think I
25 should turn to my colleague from Justice and have
26 him speak to that.

27 MR. STRANGE: On this, at
28 the moment, we just looked at it and came to the
29 conclusion that there were not enough facts
30 to say that marijuana is not harmful and so on;

1 over the last couple of months, we saw that
2 every now and then, a doctor, whether in the
3 United States or Canada would come out with somewhat
4 of a new report and say it may be more harmful
5 than it has appeared. So all we did was
6 look at in the light of the present state, and
7 came to the conclusion that we were not sure,
8 and we did not have enough knowledge to say yes,
9 it is, no, it isn't, and under those circumstances,
10 we decided just to make the comment we did,
11 and in light of that, the laws as they presently
12 are, we saw no reason why they should be changed.

13 MR. STEIN: A number of
14 people have suggested to us, that regardless of
15 whether or not this or any other drug may be
16 either physically or in other ways shown to be
17 harmful to an individual or to society, that
18 it still appeared to them that the use of law
19 to deal with this problem was inappropriate.

20 In other words, the question
21 of harm was not necessarily the sole criterion
22 on which criminal law sanction was based, that
23 in fact we have various things in our
24 society that we attempt to regulate. The
25 question has been raised with us, as to whether
26 or not further evidence of harm^{is required} to
27 determine the appropriateness of whether to
28 prohibit a substance,

29
30 What I am suggesting is perhaps

really unfair. I am wondering out loud with you,
whether or not your committee has separated a
the question of control
of a harmful substance^{from} the prohibition of it.
Your answer leads me to believe sir, that you
are suggesting that if there is some indication
of physical or other kinds of harm, then
this would be sufficient justification for
continuation of the present use of criminal
sanction in view of this.

MR. STRANGE: If one looks
at the Criminal Code, you look at the Criminal
Code, Narcotics, Food and Drug Act, it is not
only for the protection of the individual himself,
but it is also for the protection of society.
One thing that was brought up, is that for
instance, if marijuana were legalized, how
would this affect say, driving while under the
influence of a drug, and I think that everybody
is well aware, that they have only just come
to the stage now, that they have a breathalyzer
where they could detect blood alcohol^{level} in the body
and in talking with more than one doctor, we
found out that it is impossible at the moment
with just a simple test to find out how much a
person would be influenced, say in his driving,
by having a drug in his system, so that it does
not only pertain to the protection of the
individual, and in the Criminal Code of course,
you have something to prevent suicide and what-not,

1 but it is also for the public. And once
2 again, go back to the impaired driving -- there it
3 is an overall thing. So when one looks at it
4 from both points of view, namely the individual
5 himself, in society, that we are bound to
6 protect, we do not see anything, at least at the
7 moment, that would change our minds or anything that
8 would put this in a bad category. It is a necessary
9 legislation at the moment.

10 THE CHAIRMAN: Dr. Lehmann?

11 DR. LEHMANN: I am wondering
12 whether you have any more definite concept of
13 what you would mean by harmful, because you do
14 refer to the need for more research, as to
15 whether the drug is harmful or not, and that
16 of course takes in a lot of territory. We
17 have had so many different concepts -- heard
18 so many different concepts of harmlessness
19 discussed. What do you think is the
20 priority that should be attacked now in
21 determining how harmful or whether the drug is
22 harmful?

23 MR. HARVEY: We have a
24 doctor with us, Dr. Guy St. Pierre, from the
25 Department of Provincial Health, and I would
26 ask him to comment on that question.

27 DR. ST. PIERRE: Mr. Chairman,
28 I was not part of the original deliberations of the
29 Committee. I would simply point out that we
30 must look further than the purely physical effects

1 and of course look into the psychiatric and
2 psychological consequences of drug use. I think
3 I will just limit my comments to that at this
4 time.

5 THE CHAIRMAN: Professor
6 Bertrand?

7 PROFESSOR BERTRAND: Je suis
8 un peu embarrassée, parce que votre première
9 recommandation laisse entendre que vous n'a-
10 vez pas suffisamment de données, pour établie
11 disons, les bases d'une legalisation; alors que
12 la seconde propose un programme d'éducation a
13 propos de la drogue.

14 Comment peut-on faire de
15 l'éducation, comment peut-on s'entendre sur le
16 contenu éducatif, si l'on ne sait pas ce que l'on
17 veut enseigner?

1 I am just wondering how
2 you can arrive at this conclusion that we do not
3 know enough about marijuana and perhaps other drugs
4 to decide right now if some program, some
5 liberal program of distribution or use could
6 be contemplated. And in the recommendations
7 they say what is important is an education program.
8 What is going to be the content of that
9 education program if we do not know? You know,
10 what are we going to teach?

11 MR. HARVEY: I think that
12 in part the answer was contained in the earlier
13 statement by the Chairman of your own commission
14 when he made reference to this matter as a
15 broad social problem. So I think that
16 one can look beyond a uni-discipline approach
17 to this, to a broad spectrum and look at
18 society itself. Education itself is going
19 away from the presentation of detail toward
20 ideas and concepts.

21 You might think in fact
22 I am evading the question, however we are
23 privileged to have the Chairman of the Provincial
24 Health Committee and I think I would ask Miss
25 Owen to comment or enlarge upon what I have
26 said.

27 MISS OWEN: I think that you
28 have to consider here in an educational program
29 the kinds of basic principles that we are
30 trying very hard in this Province to get across

1 and get to understand in relation to all
2 education and this is simply as Mr. Harvey has
3 said, to get away from facts and details and
4 get down to conceptual learning, broad aspects,
5 broad ideas and big ideas. It is a multi-
6 disciplinary approach. We think we are going
7 to have the involvement as the brief has
8 stated, of total staff, community and youth
9 in order to bring about a sound educational
10 program in drug abuse. And personally I see
11 it, and certainly the Committee on Health and Physical
12 Education of the curriculum committee sees it as
13 an integral part of health education.

14 We do not see it as a
15 separate crash type of program. We have
16 introduced sex education in this Province some
17 years ago, as an integral part of the health
18 and physical education program, and simply
19 termed it growth and development as a natural
20 development of the child, and as a natural
21 questioning by the child. We are still trying
22 to train our teachers to do this well. I think
23 we are going to have the same kinds of problems
24 with the drug education program. We must have
25 the school staff, and I think we have brought up
26 some rather pertinent points in the brief, by
27 saying perhaps those who are involved in drug
28 education must first start with their own
29 value system.

30 PROFESSOR BERTRAND: Yet, if I

1 certainly agree that education goes beyond
2 the facts, I think that you did^{not} imply that it
3 is not based on facts?

4 MISS OWENS: I think our
5 idea here is the youngsters themselves ultimately
6 make a choice in the use or abuse of drugs.

7 PROFESSOR BERTRAND: But
8 they still ignore the facts.

9 MISS OWENS: I don't think
10 we need to ignore the facts, but I think this
11 committee has decided that the facts aren't all
12 in, and I think with an evolving and an emerging
13 curriculum one also takes into consideration
14 the latest facts and analyses them, in the
15 light of society, and I think this is the problem
16 here.

17 THE CHAIRMAN: I wonder,
18 Mr. Strange, if you could give me the references
19 to the cases referred to in the brief under the
20 law. I want to make sure I have them
21 accurately, and particularly the Court of Appeal
22 decisions at pages 5 and 6 of the brief. You
23 refer to a number of major cases. Do you
24 happen to have the citations for these cases,
25 particularly the Court of Appeal decision on
26 page 6? I want to make sure our list here is
27 complete.

28 MR. STRANGE: Yes. Initially
29 we had the citations in here. We thought that
30 since this was a broad report and could

1 conceivably be covered by a great many news media
2 that we didn't want to use the individual's names.
3 I could certainly give them to you without
4 any difficulty. I could supply a list or I could
5 give them to you now.

6 THE CHAIRMAN: Perhaps in
7 view of what you have just said, I would appreciate
8 it if you could leave a written notation
9 sometime in the course of the day, with the
10 Commission.

11 MR. STRANGE: Yes.

12 THE CHAIRMAN: Could you?

13 MR. STRANGE: Yes. The one
14 you refer to on page 6, it is our major decision
15 on ^a/dope appeal and it was heard last fall, the
16 decision rendered, and that is our only Court of
17 Appeal decision on it.

18 THE CHAIRMAN: Right.
19 I think we probably have it, but I want to be
20 certain they are in this list.

21 MR. STRANGE: I will get
22 you a complete list, Mr. Chairman.

23 THE CHAIRMAN: Thank you.
24 Dean Campbell?

25 MR. CAMPBELL: In reference
26 to those cases you cited, I take it this isn't an
27 exhaustive list of the cases that have been
28 tried in the Province, rather than cross-
29 sectional quotes that you have taken?

30 MR. STRANGE: What we have

1 done, we prefaced it by saying initially on any
2 cases whether under Narcotics Control Act, or the
3 Food and Drug Act, that when it first started,
4 and this would encompass only the last year
5 and a half, or two years, there were a few
6 cases that were spread out across the Province,
7 and the sentences were varied, but they would go
8 anywhere from a fine to^a suspended sentence.
9 But then as more cases occurred, and I think^{the} Courts
10 became more aware that this wasn't just almost
11 a local problem, in this area, but it was all
12 over New Brunswick and all over Canada and
13 what not, that the Courts took a different
14 line on it. And what I had tried to show
15 in there, was that the more recent cases
16 of major importance, there were severe
17 penalties handed out in those cases and

18 I would suggest, the turn
19 of events within New Brunswick is following the events
20 that had happened in other Courts in Canada.
21 And I think just recently out in Manitoba
22 there was a case where they almost put a minimum,
23 not quite a minimum, they talked about two years
24 less a day for trafficking, and that this has
25 happened right across Canada. There is, I think,
26 out of ten Provinces only about three that really
27 haven't had a major case on the point and this
28 was all it was put in there for, to show the
29 law, which I think probably this group is well
30 aware of, that it has, when it started out,

1 taken an easy view of it, I think, it is almost
2 fair to say, because now the courts are coming out
3 stronger and stronger. If there is going to be any
4 change in regulations or offences or anything of that
5 nature, it is going to certainly have to come
6 through Parliament, because I think the courts at
7 the moment have said the sentences are there
8 and they are going to be enforced. And the
9 thing they keep talking about is that it is no
10 longer -- we don't look at the individual per se,
11 but more at the society in general. That is of
12 paramount importance now.

13 MR. CAMPBELL: Does the
14 presence of the judgment written by Mr. Justice
15 Limerick; you are placing this here simply to support
16 it, you are not expressing a judgment of the Depart-
17 ment, obviously.

18 MR. STRANGE: What we tried to do
19 when we made the brief was to cover the different
20 areas. Mine was the law. So I put in there just a
21 factual statement of what is happening in New Bruns-
22 wick today, as far as the law goes, and that was the
23 importance.

24 THE CHAIRMAN: These are
25 cases on trafficking, aren't they, Mr. Strange:

26 MR. STRANGE: Yes.

27 THE CHAIRMAN: Or importing.

28 MR. STRANGE: There is
29 trafficking, importing and I think there are one
30 or two in there on possession too. I think the
main Court of Appeal decision -- there is reference

1 made to possession.

2 THE CHAIRMAN: The case, was,
3 I believe, the sale of LSD, wasn't it?

4 MR. STRANGE: Yes. In that
5 instance, it was the sale of LSD, but on page 6
6 you can see the sentence was increased to six
7 months for possession of a narcotic.

8 THE CHAIRMAN: Right.

9 MR. STRANGE: So it encompassed
10 the whole scope, almost, in that case.

11 MR. CAMPBELL: I would like
12 to go back again, if I could, to the question
13 of educational programs. When you were speaking
14 of the program you were developing, you made
15 emphasis on the individual making a choice and
16 you laid emphasis on the question of values. I take it
17 the educational program would be concerned with
18 that? I wonder if you could expand a bit
19 on the values you consider to be important in
20 making this type of judgment, the type of values
21 you stress in the educational program in preparing
22 the individual to make these judgments?

23 MISS OWNES: I think
24 human values is a very complex and very broad
25 subject. I think the making of human values
26 is probably something far beyond the ability
27 of a school program to take the full
28 responsibility for, because I think that
29 in our society the core is still the family
30 and certainly the greatest influence on the child,

1 is still the family, although his peers have
2 a terrific influence on him as a young person.

3 What we are aiming for
4 in our program is, first of all, not to separate
5 drug abuse from other society escapes.
6 We see them as society's escapes. That is the
7 first thing. And secondly, that the whole
8 truth is told. That it isn't a lecture
9 admonition; this is wrong, this is bad, don't
10 do it. That the case is presented pro and
11 con to the youngster and then I am afraid that
12 we have to rely on the youngster's own set of
13 values that he has developed through the
14 family, through the community and hopefully
15 through the school to make the decision.

16 MR. CAMPBELL: With respect
17 to the school itself, and I don't disagree with
18 your emphasis on other sources of values, but with
19 respect to the school itself, what are the
20 values the school stresses or that you stress
21 through the program? I presume you
22 urge some criteria on the person as a basis
23 for this type of judgment.

24 MISS OWENS: I don't think
25 the values or things that are stressed as
26 adequate behaviour in a co-operative society
27 are very different from the general aims
28 and objectives of any educational system which
29 is really a co-operative functioning member of
30 the society, a contributing member. And

1 hopefully the curriculum is a vehicle towards
2 this end. Hopefully.

3 MR. CAMPBELL: So you would
4 be asking a person to make a decision on drugs
5 with reference to the effect of this on his
6 ability to function as a productive, co-operative
7 individual in society.

8 MISS OWENS: And his growth
9 toward that type of citizen because he hasn't
10 fully grown when we have him in school. He is
11 growing then and developing.

12 MR. CAMPBELL: This is an
13 area where there is obviously a great deal of
14 contrary opinion. When you say you present
15 all of the facts, I think when we were sitting
16 in Halifax, the argument was made to us that
17 educational programs should acquaint the
18 individual with the purported values of
19 personal gains of the psychedelic experience.
20 And this argument, as a matter of fact, was
21 made to us in Halifax, I think perhpas, two or
22 three times. I was wondering what your opinion
23 is of this position? Would this be part of
24 that balanced picture that educational
25 programs should present?

26 MISS OWNES: I think we will
27 follow the trend of other educational programs,
28 certainly those that are being developed in the
29 United States. I think Mr. Harvey might have
30 a comment here on that. And I really don't

1 feel that we would be taking our responsibility
2 as educators very seriously if we were not to use
3 the best and most noted references in the field,
4 rather than the slick magazine article, the
5 one-shot study, this type of thing. In other
6 words, we want the best references available
7 at this time. They may change in time.
8 So our curriculum can change.

THE CHAIRMAN: On that point,

I should like to ask Mr. Harvey, and perhaps also Mr. Atkinson, if he would like to comment,^{on} what the feeling is here about the proper role of the federal government in view of drug education. I'm very interested in your second recommendation which reads, "Because trained personnel, including former drug users, will be needed to implement drug education programs, it is recommended that the federal government provide leadership in inservice education programs in both major languages and that the leadership include resource persons, educational materials, and funds for provincial programs."

I am interested in your views as to how we develop nationally an acceptable body of information which has scientific reliability and in suitable form for educational purposes. We are constantly told about the problem of the lack of information and also about not knowing what to choose and what is reliable, and we get the impression that what is needed or what is sought is some authoritative source to which people can turn to base their own materials on. Then we have another problem which is the problem of credibility, which is constantly being emphasized, that it is all very well for scientists and so on to get together in multi-disciplinary groups to produce these materials, but then these must be communicated or dissemi-

1 nated by people who have some credibility. So
2 there seems to be a role at ^{the} local level. I would
3 be very grateful to you gentlemen if you could
4 give us the benefit of your ^{Provincial} perspective of the
5 proper relationship of the provincial and
6 federal governments in this field.

7 MR. ATKINSON: Mr. Chairman, I
8 believe that we are safe to say that this is a
9 relatively new problem, that is, this so-called
10 drug problem, and I believe ^{that} we might deduce that
11 this is the reason why you people are here this
12 morning, why this Commission has been named to
13 make a study of the problem as it exists, and
14 we are hoping that because you are studying this
15 that you will come up with some recommendations
16 that will apply not only to one sector of Canada
17 but to all sectors of Canada, and hence the
18 reason for the recommendation number 2 as
19 appearing on page 14.

20 We believe that the federal
21 government can assist us in providing materials
22 and leadership in helping to develop a sound
23 educational program. We believe that a program
24 that is satisfactory for Saskatchewan, for
25 example, should be satisfactory for the province
26 of New Brunswick. The study of New Brunswick
27 history might be different or might be con-
28 centrated more on the province of New Bruns-
29 wick than would be the study of New Brunswick
30 in the province of Saskatchewan, but we believe

1 that this study and these materials should be
2 all encompassing and they should be of value
3 to us here in New Brunswick as well as in any
4 other part of Canada. Now we know that the
5 curriculum; that education is a provincial
6 responsibility, but yet we believe that we can
7 profit by the findings of this Commission and
8 by the recommendations that you will make, and
9 hence we hope that we can get materials, or
10 if you recommend a program, that we can get
11 some assistance in implementing that particular
12 program in our educational system in this province.

13 THE CHAIRMAN: Thank you.

14 MR. STEIN: I would like to go back,
15 if I could, to a question that Dr. Lehmann raised
16 earlier regarding your views as to what would be
17 an appropriate definition of the term, "harmful".
18 I appreciate the problems with this question, but
19 we have been presented, as you might imagine, from
20 pretty well coast to coast, the term, "harmful"
21 and the need to have further education around the
22 harms, and further research around the harms. I
23 think it would be helpful to us if we could get
24 some indication of what you sense those areas to
25 be. You suggest there is more involved than
26 physical considerations. I think that is the way
27 you phrased it. I wonder if you could give us
28 some indication of what more you feel is involved
29 in that kind of quest to understand the term,
30 "harmful"?

1 DR. ST. PIERRE: Well, if we want
2 to look at the term, "health" as the World Health
3 Organization defines it, it includes the physical,
4 mental and social well-being of the individual
5 and that is a pretty broad definition. And I
6 think this committee and the health participation
7 in it wanted to make certain that we do not restrict
8 ourselves to what we might call "traditional"
9 opinions of health, meaning a physical condition
10 which requires seeing a physician and which is
11 automatically corrected, successfully or not, but
12 that is the extent of health. I think that our
13 physician participant on this committee realized
14 from probing through a lot of the material and
15 a lot of the information, that the consequences
16 cannot be easily pointed out, certainly not in
17 a physical sense except for occasional suicides
18 or perhaps somebody with a liver involvement if
19 they take drugs but there is very little
20 physical damage that I think can be put into
21 evidence.

22 But I call them psychiatric
23 consequences. The term may not be well chosen,
24 but the damage which does not show except after
25 a few years when you see a person who is socially
26 maladjusted or some other similar consequence,
27 which, in some cases, we are certain can be tied
28 down to the fact that they have used drugs.

29 MR. STEIN: But on that point,
30 the statement has been made to us continually that

1 the effects of the criminal process on an
2 individual, the criminalizing of an individual,
3 as some people put it, the handling of him
4 through the courts and perhaps eventually through
5 prison, has also been clearly established
6 that there are damaging effects on the individual's
7 psychological frame of ^{reference} and that this is a statement
8 in the simplest form, that there may well be
9 some connection between the excessive use of
10 drugs, whatever they may be, alcohol, cigarettes,
11 coffee, hallucinogenic drugs, and deterioration
12 perhaps of an individual's emotional make-up;
13 there may well be that connection. But there
14 is a connection between the exposure of an
15 individual to the criminal process, administration
16 of criminal law, and what happens eventually to
17 his emotional make-up, and does it make sense
18 to try to deal with this phenomenon in this way?
19 Do you follow what I am getting at? I assume you
20 have been struggling with this kind of a question
21 and this is what I think ^{is} the very real concern on
22 our Commission's part, about trying to understand
23 what people believe harm to be, given the nature
24 of the consequences of dealing with this phenomenon
25 of drug use as a criminal problem, and the harmful
26 effects that seem to be established as to what
27 happens when you know it is that. It is very
28 important to know what the harm is, and if I
29 understand what you said so far -- correct me
30 if I'm wrong -- you are suggesting that the nature

1 of the harm is very hard to pin down in terms
2 of bad effects, and yet the recommendation is to
3 continue with the same handling of this phenomena,
4 although we may well know that that has very
5 harmful consequences on the individual. Is that
6 your position? It would be appropriate to con-
7 tinue with the handling through criminal processes
8 of this phenomenon regardless of the uncertainty
9 as to what the exact nature of the drug harm is,
10 the effect of the drug?

11 DR. ST. PIERRE: I think that is
12 one way of stating it. The essential thing is
13 that we want to make certain that society is
14 protected, as Mr. Strange pointed out, but also
15 that the individual is protected, and I don't
16 think the committee has had an opportunity to
17 study in enough detail whether this is best done
18 by remaining under the provisions of the Criminal
19 Code or whether some other legislative arrange-
20 ment can give this protection.

21 MR. STEIN: Protection from what?
22 Society -- to protect it from what? What is it
23 to be protected from beyond what you said was
24 the physical, possible physical consequences?

25 DR. ST. PIERRE: Well, protect the health
26 of the individual, and obviously this has to reflect on
27 the society.

28 THE CHAIRMAN: Dr. Lehmann?

29 DR. LEHMANN: If I might direct
30 a question to Miss Owens -- I am struggling with

1 what -- I can see this point as somewhat in-
2 consistent. On page 8 of your brief, you state
3 in the second paragraph, that it is important
4 that the whole picture be presented to young
5 people, both the pros and cons of drug abuse that
6 would occur. That would partly answer Dean
7 Campbell's question that you feel the advantages
8 of drug use should also be presented, as you point
9 out that both the pros and cons of drug use should
10 be presented. And then, on the same page, you
11 make the point that the adults who work with
12 youth must be willing to examine their own value
13 system; otherwise the youngsters will be subjected to
14 a double standard which is totally unacceptable in
15 this context. And finally, on page 9, you conclude
16 that educators in concert with the community must
17 convince young people that preoccupation with their
18 own sensations, drug induced, is unworthy of them.
19 In other words, there is a very clearly defined
20 standard for the teachers and the adults. Namely,
21 it is unworthy for people to take drugs and that
22 the advantages that the youth claim for taking
23 drugs, namely that a) it provides an escape from
24 society, and b) that it enhances the preoccupation
25 with their own sensations, which they consider to
26 be a value. Both these values are already from
27 the start not accepted and therefore it seems to
28 me that there is some sort of double standard if
29 you have already this clearly stated value
30 for the adults and therefore say it is unworthy

1 to take drugs, and yet you want to teach the
2 pros, that is, the advantages of taking drugs.

3 MISS OWENS: It may not be
4 presented clearly, but certainly the thinking
5 is that both sides of the question would have to
6 be presented, but hopefully we believe in the
7 worth of young people, that they will not go on
8 to -- which may well be, we know, harmful kinds
9 of usage which has ended up, as we have said
10 in other parts of the brief, to psychiatric
11 wards; long term and short term need for psychi-
12 atric treatment. There are harmful physical
13 effects as well as psychological effects. We
14 are hoping that maybe well trained personnel can
15 present an objective picture. We are saying in
16 the brief that the student ultimately will make
17 the choice, but we are hoping that if the adult
18 can present the picture objectively and can, at
19 the same time, through all of the educative
20 processes, point out the worth of young people
21 to them, he then has to have his own values
22 straightened out first or he may well present
23 a picture that is a biased picture, either pro
24 or con. This is what the intent here is.

1 DR. LEHMANN: Isn't there a
2 bias implied in stating that it is unworthy of
3 young people to take drugs?

4 MISS OWNES: I think we have
5 said it quite clearly here that preoccupation with
6 their own sensations. We have not said
7 experimentation. We have said preoccupation with
8 their own sensations. I think that is an
9 important key word there.

10 DR. LEHMANN: I see.

11 THE CHAIRMAN: I wonder if
12 the members of the Committee could assist us with
13 what they know about treatment and rehabilitation.
14 There is an important recommendation requesting
15 for federal government assistance, financial
16 assistance to the provinces for pilot projects
17 providing residential treatment and rehabilitation
18 services. We would be very obliged to know
19 what your views are on rehabilitation and what
20 you think are promising developments in this
21 field?

22 MR. HARVEY: In replying to this
23 particular question, I would like to ask Mr. Strange,
24 because of his personal interest in this field, to
25 make a few comments, and Brigadier Anderson to comment,
26 because his department is directly involved.

27 THE CHAIRMAN: I am thinking of
28 medical treatment as well as correctional.

29 MR. STRANGE: I think what I
30 would like to do is preface this slightly. When

1 our committee was set up, I think we were in the
2 position that most people were, we didn't know
3 too much about drugs, their use or misuse.
4 We tried to meet with as many people as we
5 could, whether they were users or doctors, and all
6 the range inbetween. And the conclusion that
7 one inevitably comes to is the more you study it,
8 the less able you are to say this is the answer.
9 It is not going to come. There is no one
10 answer for it.

11 So then, the second step
12 is you decide that we have a problem and you
13 have a problem if you have a number of views,
14 it is harmful and this is whether it is
15 physically harmful, psychologically harmful,
16 whether it is harming their parents if they
17 are using it. You can go on and on. In
18 any event, you come to the conclusion that youths
19 are using drugs, that it is increasing certainly
20 in New Brunswick and it is a problem that
21 wouldn't go away overnight. So once you
22 come to that conclusion then you say, well, you
23 have to make the best of it. We can't stop
24 it overnight, so what can we do. I think as
25 Miss Owen covered it, educating the public and
26 parents and the teachers and the students is one
27 step, but we also had another recommendation in
28 there, and this is for something along the lines
29 of drug aid centres.

30 Now, what this does, is it

1 recognizes that at any given time, there are
2 youths who are abusing drugs, but also what it
3 recognizes is that you don't say, "All right, you
4 are abusing drugs, that is your problem, you
5 are out on the street and we won't help you."
6 I think that is archaic thinking. I think it
7 is thinking that you cannot go along with.
8 So what you say then is they have a problem;
9 we are not going to abandon them; what do you do?
10 This is where the drug aid centre comes in,
11 where if a person is having a bad trip or freaking out
12 they can phone and maybe go down to one
13 of these centres and use their own peer group,
14 maybe kids who have been through it before, and
15 talk to them; they can call in medical advice.
16 It is not just a matter of, say, have the police
17 go and pick them up, take them to the hospital,
18 the hospital turns around and lets them out the
19 next day.

20 And I think this is probably
21 one of the most important things in our
22 recommendations, although it isn't spelled right
23 out, but that drug aid centres and things of
24 that nature where you give help to the
25 person who is misusing or abusing these drugs.
26 You don't ignore him.

27 MR. STEIN: On that question
28 we have been approached by very large numbers
29 of young people who are involved in this kind
30 of drug aid centre. They are called all kinds

1 of things. One of the questions that has
2 been raised, however, by the existence of these
3 centres, is the young people who are there
4 are often people who have acknowledged using
5 drugs in the past and are in some cases
6 acknowledging that they will from time to time
7 continue to use various drugs although they
8 distinguish between the use of drugs in their
9 own minds and the abuse or excessive use
10 which may lead someone to freak out, as you
11 put it.

12 It seems to me that one of
13 the problems with this kind of proposal is
14 that often there is not a preparedness to
15 accept the possibility that the young people who
16 are going to be of real assistance and
17 who can really help someone who is in trouble,
18 may themselves still embrace a different
19 value system regarding the use of these drugs.

20 I am asking you, in your
21 recommendation, are you visualizing young people
22 who have continued entirely, or rather
23 discontinued entirely their use of some of the
24 drugs which are illegal, or are you suggesting
25 that this is sort of irrelevant, the important
26 thing is that they may be able to be helpful
27 and they recognize there are times when there
28 is an excessive amount that they have consumed
29 and someone needs help in that situation?

30 MR. STRANGE: I think the first

1 situation that you set out is where the individual
2 who is involved, has gone the route, so to speak,
3 and has gone all through all this and has
4 stopped. I think that is probably the ideal
5 situation. But I don't say it is a necessary
6 situation. What I do say is that if, whoever
7 is there, regardless of whether they are using
8 drugs or not, can at least help those that
9 are in trouble from the overuse of drugs, and
10 this is a necessary thing. You don't say,
11 "Throw them to the wolves", so to speak. I
12 remember initially when this was mentioned,
13 I think probably what the general public would think
14 of is, if you open up a drug aid centre or a
15 place where kids can go, not only for help, but
16 to stay, doesn't this encourage them to leave
17 home, you know. This is the first thing
18 people will say, "Well, gee, this makes it so
19 much easier for them to leave home". I
20 think in most cases and particularly where
21 youths will misuse and abuse drugs, that they
22 are leaving anyway and what this does is
23 recognize the problem and give us as much help
24 as you can, in that respect.

25 MR. STEIN: You are quite
26 right to identify that problem, because this
27 becomes one of the statements that is made,
28 that the existence of the centres in some way
29 are the cause of the young person's difficulty
30 and I think you are quite right to anticipate

1 || this kind of statement being made.

2 I had another question.

3 Are there in Fredericton or any of the communities
4 in New Brunswick at the moment, centres of this
5 kind to your knowledge?

6 MR. STRANGE: Not at the
7 moment, no, to my knowledge.

8 MR. STEIN: Nothing at all
9 in Fredericton, of this sort?

10 MR. STRANGE: No. Not to
11 my knowledge, anyway.

12 MR. STEIN: Yes.

13 MR. HARVEY: I wonder if
14 Brigadier Anderson would like to comment at
15 this point, because the Department has a proposal
16 before them.

17 BRIGADIER ANDERSON: Mr.
18 Chairman, on that, as far as we know, there are
19 no such centres that you are referring to now
20 in the province. And our people have been,
21 our guidance and counselling division that works
22 with the school drop-outs have been working on
23 this with some of the local drug users and
24 also some who call themselves the enlightened
25 few. That is their own term. But we
26 have also been working with people from the
27 Youth Commission from the Department of State
28 in Ottawa and we hope to set one of these up
29 as a pilot project in this area.

30 THE CHAIRMAN: Dean Campbell?

MR. CAMPBELL: On page 3

you deal to some extent with causality in referring to the facts of the drug context. And then on page 9 you say, "In discussion with students at all levels, including university, the Department of Education received the same answers as in other provinces to the question, 'Why drugs?', and then enumerate some of these.

Have you come to any conclusions as to what the major causes of the drug phenomenon are in this particular province, conclusions about whether there have been changes in cause or changes in motivation during the period of drug use?

MR. HARVEY: We have observed that our province has become much more urban in its outlook. We have observed for example, the city we are in, Fredericton, has a great many students who come from all corners of the world and that Christmas in Florida is not news at all, or Christmas in Mexico. So that much of the culture of the west has come east and we see that this is an outgrowth of the travel and a new kind of social web. There may be some social contributing factors, but this is my view of the major cause.

MR. CAMPBELL: Have you come to any conclusion as to the extent of drug use in the province, say in high schools,

1 the
2 / senior high school level? I am talking
3 here of about 25% of the students who have a
4 drug experience, 40%, 10%?

5 MR. HARVEY: I think in good
6 part, the answer to your question is in this
7 week's Time Magazine which says rather
8 emphatically that there are no instruments to
9 measure this kind of question. In other
10 words, the incidence of drug abuse is not
11 measurable with existing instruments. I think
12 I would have to agree with that statement.

13 MR. CAMPBELL: As a
14 sociologist, I would have to disagree.
15 Professional pride. Do you have any estimate,
16 any feeling, any sense of what we are talking
17 about here? Any sense of what the order
18 of magnitude is?

19 MR. ATKINSON: Dean
20 Campbell, I think we have seen in the papers
21 and we have heard figures ranging from up to
22 90% usage, but we have no inkling at all as to
23 whether or not that is true, because we don't
24 believe that the instruments used in determining
25 that, and I won't say that the sociologists
26 have always been involved in this, and I am
27 not saying that they would have done a better
28 job either, but I don't think we have used
29 any measuring device or whether any measuring
30 device has been used in this province that has
 been determined to be accurate.

1 Have you
2 had any information flow back to you from the
3 schools about changing patterns of drug use?
4 Has there been largely a marijuana-hashish
5 pattern, or are you moving in the high schools to a
6 much more multiple drug use phenomena? Are
7 you getting any information of this sort from
8 the grass routes?

9 MR. HARVEY: There are
10 anomalies, but as far as major trends I can't
11 say I can answer it. The reports that we get
12 are just that. Certain areas, certain things,
13 but major trends, no. For example, there
14 has been a reaction in New Brunswick, as in many
15 areas, to the operation which stopped the flow
16 of marijuana, but I would regard that as an
17 anomaly.

18 MR. CAMPBELL: What sort
19 of a reaction?

20 MR. HARVEY: People suggesting that
21 with the absence of marijuana, people^{are} looking
22 to other drugs.

23 MR. CAMPBELL: You mentioned
24 urbanization as a factor here. Is it right to
25 conclude then that the level, say, of high
26 school cannabis or acid use in your judgment is
27 probably significantly higher in areas like
28 Fr  dericton or Moncton than it would be, say,
29 in the northern part of the province, the rural
30 areas? Do you have any sense of the measure ---

1 MR. HARVEY: I might have
2 personal feelings, but I have no evidence to
3 support any statement I could make.

4 THE CHAIRMAN: Dr. Lehmann?

5 DR. LEHMANN: Do you have
6 any figures or any kind of a measure of the
7 extent of alcoholism, alcohol abuse in the province?
8 If so, are there any established agencies that
9 are set up for the help of alcoholics, for
10 instance, Alcoholics Anonymous? And finally,
11 do you have any feeling or idea or measure of how
12 widespread the use of alcohol is in the schools
13 here as compared to other provinces for instance?

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1 MR. HARVEY: I think that we can
2 point to this area, and I would ask Dr. St. Pierre
3 to comment on our operation.

4 DR. ST. PIERRE: I haven't got
5 any figures with me, but at a recent seminar on
6 alcoholism it was estimated, by using well accepted
7 formulas, that there must be at least 6,000 known
8 alcoholics plus X number of times that number of
9 alcoholics actually. We do not have any really
10 documented estimates of the number of alcoholics
11 in schools in the recent publication that we
12 adapted from other provinces -- we had to use
13 statistics from two or three other provinces to
14 try to illustrate the nature of the problem.

15 MR. STEIN: Perhaps following from
16 that question on the same line, I notice that your
17 brief deals exclusively with young people and
18 with the choice of drugs that they are using. Was
19 this due to your feeling that this was the major
20 area of non-medical drug use in New Brunswick or
21 have you considered the question of non-medical
22 use of drugs by adults, perhaps other drugs? Was
23 this part of your deliberation at all? How did
24 you come to focus in this way is really what I
25 am wondering.

26 DR. ST. PIERRE: You must remember
27 this is a government departmental committee, and
28 for example, the Department of Health's involve-
29 ment is ideally the protector of public health,
30 and therefore we would be more concerned with the

1 information that we received as to where the
2 problem really lies in addition to trying to go
3 beyond that and to prevent the problem in other
4 groups of the population. But obviously, we
5 have had most of our information regarding the
6 problem from teachers, through our school nurses,
7 and from youth. Problems have been brought to
8 our attention through the mental health clinics,
9 for example.

10 MR. STEIN: It has been brought to
11 our attention in various places that there is an
12 enormous concern on the part of people involved
13 in health facilities with the excessive use on
14 the part of adults of drugs such as barbiturates
15 and tranquillizers and amphetamines, and that
16 these drugs, although they may at times be obtained
17 via medical prescription, are, in the estimation
18 of those who are concerned, being used, in effect,
19 on/^anon-medical basis, and there are very real
20 concerns about the effects of these non-medical
21 uses of such pills on adults, and also concern
22 about the question as to how the adult drug usage
23 pattern acts as a model for young persons
24 in terms of your own usage. This is why I wondered
25 if you had no indication of this kind of adult
26 problem in this province.

27 DR. ST. PIERRE: I shouldn't state
28 it that way. Actually, I didn't mention our
29 alcohol rehabilitation people who deal, I think,
30 as a matter of course, more with adults because

1 I think these are more--you know, the family
2 wage earner is said to affect at least ten
3 people in his environment. You might state
4 that a teenager will affect less people if he has
5 a problem from drugs. So our alcohol education
6 people have been faced with drug problems in the
7 adults, especially, as you mentioned, in the
8 field of barbiturates. I think it points out,
9 once more, the lack of clear concepts in talking
10 about the drug problem, because probably just out
11 of pure spontaneous tendency, we tend
12 to think about youth because these may be the
13 ones who have the problems that have been publi-
14 cized more.

15 MR. CAMPBELL: Just to go back to
16 this question about alcohol, for a moment, do you
17 feel at the present time that your concern is
18 greater with respect to the use of drugs such as
19 cannabis or levels of high school use such as to
20 warrant say, an equal or perhaps greater concern.
21 The reason for asking this question is ⁱⁿ the number
22 of surveys that you see in high school drug use
23 say, in Toronto, Halifax or London, the levels
24 of high school alcohol use are very, very much
25 greater than those of the other drugs, and I
26 wonder how you evaluate this?

27 MR. HARVEY: Previous to answering
28 that question, I would like to comment on a
29 former question. I think that our recommendation
30 5 bears on the last question with the amount of

1 misuse of drugs in adult populations. Perhaps
2 we might have made that recommendation in another
3 way, but certainly this area has been discussed
4 in our committee at some length. Another thing
5 I should like to say is that this report is a
6 part of our deliberations and does in no way
7 constitute our final report because of the time
8 before us, and it does not represent our final
9 conclusion. For us this morning this represents
10 very much a learning process because we are
11 gathering many things that are obviously on the
12 mind of the people that are here this morning.

13 Coming back to Mr. Campbell's question,
14 I think that the matter of "are we concerned with
15 drug abuse as opposed to alcohol abuse", I think
16 that the alcohol problem has been with us long
17 enough that the mechanics for rehabilitation, for
18 working with this problem, are in motion, and we
19 feel some security. The other problem is for us
20 about eighteen months old and we feel at this
21 point quite different in our ability to deal with
22 the problem.

23 THE CHAIRMAN: Is there anyone else
24 present who would like to address any questions
25 or comments to the committee's submission? Feel
26 very free to come to one of the microphones here
27 if you have any observations to make.

28 Yes, would you like to just go to
29 that microphone?

30 Incidentally, it is not necessary to

1 identify yourself.

2 THE PUBLIC: I would like to address
3 the committee on this question regarding sex
4 education and drug education. In the high school,
5 considering the fact that drug education would be
6 a part of the course, would gym instructors take
7 over this job, or just who would be qualified in
8 our 150 or whatever the high schools are, to teach
9 drug abuse?

10 MISS OWENS: I think it is very
11 evident that we don't have health educators as
12 a regular part of our school staff. I don't think
13 we have developed to that point yet and there are
14 not too many places that have. I think that the
15 health program has, in the main, been taught by
16 a variety of persons trained in such fields as
17 physical education and health, because fortunately,
18 one of our major suppliers of physical education
19 teachers in this province is the University of
20 New Brunswick, and as part of that training there
21 is a course in family life and health education,
22 and this certainly helps them to present the topic
23 a little better than perhaps academic teachers.

24 We also have had some help from our
25 home economics people who have also taken family
26 life education, some to a greater extent than
27 others, and we still have a corps of people who
28 are largely seen as classroom teachers who are
29 interested in youth and are interested in health
30 education and rather educate themselves.

1 MR. HARVEY: I should like to
2 comment further. I think it is obvious that the
3 time is upon us when the involvement of youth in
4 curricula planning must be an integral part of
5 our society. As such I hope we could in this
6 way provide some help for the shortcomings that
7 are in mind for the question.

8 THE CHAIRMAN: Dr. Lehmann?

9 DR. LEHMANN: In Halifax it was
10 mentioned to us that it may be just as important,
11 if not more so, as it is to educate the youth,
12 it may be just as important also to educate the
13 parents and the adults on the effects of drugs,
14 on what is involved, and the motivation of why
15 people do take drugs, because, as was pointed
16 out to us many times in other places too, the
17 young people seem to be very much better informed
18 about these new drugs than the parents and the
19 teachers. Now, have you any feeling about this,
20 whether there should be or could be set up some
21 sort of educational program for adults, and in
22 which way this might be done and given support?

23 MR. HARVEY: Certainly, inasmuch as
24 we have a great many agencies, for example, the New
25 Brunswick Society
/Pharmaceutical/ and Home and School, and a great
26 many agencies who are attempting to answer the
27 question that you have raised; to supply this
28 information. Not to depart from your question,
29 but to emphasize a matter raised in our brief,
30 and that is the fact that there is an unequal

1 amount of material available in that most of
2 the resources I have available before me are in
3 the English language and that French people do
4 not have the same volume available to them,
5 especially through the rather well-endowed American/^{agencies}
6 who can finance studies in this sort of thing.

7 So that while we are attempting to meet the need
8 of parent education we believe that the opportunity
9 is not equal currently and this is the reason for
10 our recommendation. I should also like to go
11 back to an earlier question raised by Mr. LeDain
12 and that is the matter of "how can the federal
13 government help?" I think it is a matter of the
14 endorsement of studies fraught with reports, but
15 it is very difficult to know which reports are
16 valid. If we have the endorsement of the Canadian
17 Medical Society or groups whose reputation is
18 beyond reproach then we can at least go to these
19 groups and say, "These studies have the endorsement
20 of many and this group has the endorsement of a
21 few".

22 THE CHAIRMAN: This is a very delicate
23 question, I believe, Mr. Harvey, and I would like
24 to pursue it a little bit further with you, if I
25 may.

26 There seems to be a need for this
27 authenticating process. There is, however, this
28 problem of credibility, and I have discussed this
29 with a number of people who, I have reason to
30 believe, are people of goodwill in this respect

1 and want earnestly to solve this problem. But
2 they have suggested that the government may
3 itself have a certain problem of credibility in
4 terms of authentication. Now, it may be difficult
5 for us to accept this notion. It may be something
6 which we really can't accept if we are to have an
7 orderly democratic society. There ultimately has
8 to be confidence in governmental process, I suppose,
9 but I think to report fairly what we have heard,
10 we would have to observe that there is some feeling
11 among young people that government itself may not
12 be the most reliable source of information today
13 on this subject. Gathering information seems to be
14 one thing, developing it is one thing; authenti-
15 cating it is another. Perhaps its own soundness
16 will be its own authentication, but I am wondering
17 if you had any views on what kind of a body on the
18 national scene is likely to be the most helpful in
19 terms of the problem of authentication. That is
20 to say, public or private, government or voluntary,
21 and what political relationship, if any, it should
22 have to work with the government. Have you
23 given any thought to this? It seems to be a
24 problem of importance here on the question of
25 authentication. It is a delicate question to
26 discuss but we have to face it.

1 That is a question I will ask my deputy minister to
2 reply to. I think I should be fair and say
3 I am interested in the things like the marijuana
4 study and the LaGuardia report of New York.
5 These studies, does a reputable Canadian body,
6 recognize this study as a valid study?
7 This kind of information I find very difficult to
8 get.

9 THE CHAIRMAN: Right.

10 MR. HARVEY: However, the
11 policy matter I turn back to Mr. Atkinson.

12 MR. ATKINSON: Mr. Chairman,
13 I think Mr. Harvey has answered the question very
14 well. You noticed when Mr. Harvey first
15 started to answer the question^{ne} did not necessarily
16 imply that we were asking for government endorsation
17 of particular studies, but he did refer to
18 reputable organizations and he did mention the
19 C.M.A. as one organization.

20 Now I am sure he could go on
21 and name others, but I am sure that we would be
22 willing to accept studies which we believe to be
23 authentic and those are the ones that we are
24 looking for.

25 And I might add something
26 that I did not add in answering a previous
27 question. You notice there that we said we
28 were interested in receiving studies and
29 receiving guidance and receiving leadership
30 to assist us in in-service training and what have you,

1 and you notice there is one word down there at
2 the bottom, it is "funds". We are not
3 allergic to the receiving of those either.

4 THE CHAIRMAN: No problem
5 of credibility there.

6 Well, Miss Owens and
7 gentlemen, I should like to express the appreciation
8 of the Commission for your very helpful
9 submission this morning and all the assistance
10 you have given us. And I know we have
11 noted this is only an interim report and we
12 might receive further communications from
13 your environmental committee.

14 Thank you very much.

15 I would like to call now
16 upon Dr. Jamieson. I am sorry, it is first the
17 Canadian Civil Liberties Association followed by
18 Dr. Jamieson.

19 MR. EARL: Mr. Chairman,
20 members of the Commission. The Fredericton
21 Chapter of the Canadian Civil Liberties Association
22 wishes to submit a brief outlining our views
23 concerning the laws governing the non-medical
24 use of drugs. Copies of this brief have been
25 distributed. The oral presentation will be
26 short and I hope, to the point.

27 Before I begin the summation
28 of our views, I would point out a couple of things.
29 First, it came to me at the last moment to make
30 this presentation and I apologize for being less

1 prepared than I might otherwise have been.

2 Second, it should be noted
3 that the members of our Association voiced many
4 objections to the present laws. Those
5 objections presented in the brief and the
6 supporting argumentation reflect the views of
7 some members of the Association. If the
8 brief had been offered by other members, I
9 am certain the emphasis might have been
10 different. On the other hand, there was
11 unanimity among our members that the present
12 situation is entirely unsatisfactory; the
13 laws presently in force are bad laws, and
14 are badly enforced; and that reform is
15 urgently required.

16 Finally, please note
17 that it is not the purpose of the Canadian
18 Civil Liberties Association in this brief or
19 in any other way, to endorse, condone or
20 comment on the harmfulness or otherwise of
21 drug use. Our function is to deal
22 with matters of horizontal and to a lesser
23 extent vertical equity in the application of
24 laws.

25 Our objections to the
26 existing laws and to its enforcement and
27 some of our recommendations I will summarize
28 as follows:

29 1. The law as presently
30 enforced violates generally accepted principles of

horizontal equity. This is the prime Civil Liberties concern and objection. It would appear that the seriousness of drug violation offences is partly at least a function of where in Canada the offender lives; what his or her social status is; what his or her age is. And most offensively of all, how he or she deports himself or herself in public, specifically how she or he dresses, cuts her hair, his hair, et cetera.

In this connection we believe that police and judicial discretion should be considerably reduced.

Secondly, the law as enforced, does not satisfactorily distinguish between use and trafficking. Use within clearly defined limits should be a personal matter and not a matter of criminal law. It offends commonsense to apply the same law to these things and must inevitably lead to disregard for law and disrespect for law among people charged. As a corollary issue it would appear that trafficking is assumed whenever a person has more than a short term supply of a prohibited drug. Often in the case of young people this is not the case. What happens, I believe, is that several young people get together and pool their resources and authorize one person to buy supplies. If that person is caught, he is then charged with

1 trafficking. I think any law, or we believe
2 that any law that does not distinguish between
3 offences of this kind is an unsound law, badly
4 in need of reform.

5 Third, any law where the
6 terms of reference are so general that judges
7 feel free to lecture defendants on their life
8 style, rather than on the injury they may be
9 doing to other members of society, is in our
10 opinion, a bad law, very much in need of
11 redefinition.

12 Fourth, the present law
13 does not distinguish between drugs in a
14 meaningful or scientific way and not with reference
15 to their potential harmful effects. We think
16 further redefinition along these lines is also
17 necessary.

18 More specifically, our
19 recommendations are as follows:

20 First, sufficient resources
21 should be appropriated for the study of drugs, study
22 of the effects and implications of drug use and all
23 other matters relating to drugs. When laws are
24 proposed they should be based on objective
25 evidence and not in response to hysterical cries
26 of editorial writers and those other antidiluvian
27 characters who find the only solution to social
28 problems in more cops and stricter laws.

29 Second, a moratorium on
30 prison sentences should be declared on drug

1 offences in cases where harmful effects have
2 not been clearly demonstrated, until such time
3 as the subject is more thoroughly researched.

4 Third, when the law is
5 rewritten, and if society through its representatives
6 and appointees, decides that punishments for
7 certain drug acts is warranted, the law should
8 be precise and the penalties clearly defined.

9 Vaguely worded laws give excessive powers
10 to police and to members of the Bench. In
11 a society where police were always professionally
12 objective, where objective judgments in the
13 Court could be guaranteed, few problems would
14 probably arise. But in our society, where
15 the police are often poorly trained, where they
16 are becoming increasingly political, and often
17 take it upon themselves to be arbitors of
18 social convention and where defendants taken to
19 Court may face a judge who is there as much by
20 political accident as by his professional or
21 intellectual qualifications, we cannot expect
22 this degree of objectivity.

23 We would therefore strongly
24 recommend that when and if new laws are
25 written, they be clear and more precisely defined
26 than those presently on the books.

27 One final point, and this is
28 perhaps more general than a Civil Liberties issue,
29 but we would recommend also that some measures
30 be taken to take young drug offenders out of the

1 Criminal Courts. Now, some suggestions that have
2 been made in this direction would be to extend the
3 Canadian Assistance Act to apply to probation.
4 In the case of parol at the present time, it is
5 my understanding that one-third of the time must
6 be served. Why this regulation? Perhaps
7 it is excessive in these circumstances. And
8 in the case of criminal records, I understand
9 they are maintained for five years at the
10 present time. This seems to be excessive
11 as well. There seems to be a considerable
12 difference between a person eighteen and twenty-
13 one, say. There could be a considerable
14 change in attitude and opinion and why something
15 like this should follow him indefinitely is
16 difficult to determine.

17 That is essentially the
18 substance of the brief that we have submitted
19 today.

20 THE CHAIRMAN: Thank you,
21 Mr. Earl.

22 Are there any questions or
23 comments on this brief from members of the
24 Commission?

25 Dr. Lehmann?

26 DR. LEHMANN: I understand then
27 that you would still maintain the criminal offence,
28 or you would maintain it as a criminal offence
29 to be clearly trafficking in these drugs, would
30 you? And what is your feeling about clear

1 possession, if the case is clear that there is
2 possession, let's say, of marijuana. You just
3 said, I understand, that there should be no
4 criminal prosecution?

5 Now, if it is a case of
6 trafficking, should that still be an indictable
7 offence under the Criminal Code? And since
8 you made the point that the law should not be
9 vague, but more precise, how could you define
10 trafficking and make the distinction between
11 possession and trafficking?

12 MR. EARL: I think the
13 point we make is that before laws are specified
14 in these matters, a great deal more knowledge
15 and information concerning possible harmful
16 effects should be available and that a moratorium
17 should be declared in the case of non-demonstrated
18 harm. What should be done if there is a
19 demonstration of harm, I think is a matter
20 that has to be decided from the political process.
21 It isn't a matter of civil liberties. As far
22 as trafficking in marijuana at the present time,
23 to answer your specific question, unless, again,
24 I will repeat, unless there is some demonstrated
25 harm from its use, I fail to see how or why
26 it should be a criminal offence.

27 DR. LEHMANN: So neither
28 possession or trafficking should be a criminal
29 offence?

30 THE CHAIRMAN: I didn't

1 understand that. Either possession or
2 trafficking ---?

3 DR. LEHMANN: Should be a
4 criminal indictable offence.

5 THE CHAIRMAN: Under any
6 circumstance?

7 DR. LEHMANN: Under any
8 circumstance,
9 unless and until harm has been demonstrated.

10 What would you think are the
11 criteria for harmfulness and how long should this
12 moratorium continue? It has been pointed
13 out to us repeatedly by experts that it may take
14 as much as ten or even twenty years. It has
15 taken that long with the contraceptive pill, for
16 instance, to determine whether or not there is
17 some potential harm. How high should this
18 harm potential be before you would consider
19 any law interference?

20 MR. EARL: Well, first,
21 I think there has to be limits on individual
22 behaviour even with respect to the individual
23 himself. I don't think the Civil Liberties
24 Association would take the view there should be
25 complete licence in these matters. I think
26 society has a right to dictate the terms on which
27 such drugs can be used.

28 The harm would surely, I
29 think, apply to society rather than to the
30 individual as long as the individual^{is} of sound mind

1 and an acceptable age, however society might
2 define this.

3 Our concern is with individual
4 liberties and the demonstrated harm would have to
5 be to society rather than to the individual
6 specifically.

7 THE CHAIRMAN: Go ahead, Mr.
8 Stein.

9 MR. STEIN: How would you
10 consider this proposition: a number of people
11 have suggested that the harmfulness may be
12 that the drugs are part of a style of living,
13 not necessarily the cause of the style of
14 living but the part of a style of living
15 which in effect does not place very high
16 priority on what the Western World has placed
17 high priority on, namely, technological matters,
18 industrial kinds of pursuits, material pursuits.
19 Now this is stated as a hypothesis, not a
20 fact.

21 Supposing that were the
22 nature, supposing there could be shown to be
23 some correlation between drug use and a style
24 of life which could not place very high priority
25 on something that perhaps the majority still
26 do place a high priority on, namely, the pursuit of
27 what the western world has had in technological
28 goals. Would you consider that to be a
29 criteria that one should take into consideration?
30

In other words, what is harm

1 to society? What type of specific
2 things do you have in mind when you talk about
3 demonstrated harm to society? What would this mean?

4 MR. EARL: To answer the
5 first part of your question, in life style, I
6 think it is known -- it is certainly not
7 society's business to dictate one's life
8 style. Harmfulness, I presume, would be
9 damage to property or person, physical harm.

10 MR. STEIN: Third party
11 harm?

12 MR. EARL: Yes.

13 THE CHAIRMAN: Mr. Earl,
14 you made a reference to alleged discrimination
15 in the application of the law, if I understood
16 you correctly. I was wondering what the
17 basis for your conclusion on this point is.
18 You refer to various distinguishing characteristics
19 of the individuals involved including as I recall,
20 matters of dress, appearance generally. What
21 is your basis for your general allegation of
22 discrimination?

23

24

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MR. EARL:

Part of the basis is experience I have had with young people. I teach at the University here. I have had long discussions with students in these matters. I have had experience in student dissent movements and obtaining legal counsel for students in such situations and I think there is more objective evidence, articles appearing in national magazines where prominent people state they have used these drugs without charge.

There seems to be a disproportionate number of young people ---

THE CHAIRMAN: Excuse me. Does it necessarily follow that because certain people have not been charged that there has been discrimination in the application of the laws? What would be your criterion ^{of discrimination} / what would be the essential condition in the first instance, before you consider question of discrimination?

MR. EARL: Perhaps what we will do here: The Royal Canadian Mounted Police have allegedly in Fredericton, at the University of New Brunswick, placed undercover agents in the student body. I haven't heard of them doing this in other sectors of society where drugs are allegedly used as well, and I think this is evidence of discrimination.

I think some of these things are documented in our brief, more specifically.

THE CHAIRMAN: Miss

Bertrand?

PROFESSOR BERTRAND: I guess

it could be taken as discrimination or let's say
a way of trying to enforce law, more effectively
in some areas, where it is suspected that the
drug is used, but do you have a feeling that
those undercover agents were really dissimilating,
were really acting in such a way that you
could speak of discrimination?

MR. EARL: By discrimination,

I mean intentional unequal application of the
law.

THE CHAIRMAN: I didn't

follow from your point about undercover agents,
you say it has been alleged that there have been
undercover agents at universities and as you
say in other groups using drugs. How do you
see this as discrimination?

MR. EARL: I have seen

no evidence that undercover agents are planted
in other sectors of society.

THE CHAIRMAN: I am sorry,

I didn't hear you properly. Dean Campbell?

Is there anyone else here

who wishes to address any other questions or
observations on this brief? Anything that
you would like to contribute?

Well, I thank you, Mr. Earl
for your submission.

1 I call now on Dr. Jamieson,
2 W.R.E. Jamieson, if you would like to be seated
3 here?

4 MR. JAMIESON: Mr. Chairman,
5 members of the Commission, I am here today
6 really as an individual and not necessarily to
7 present a brief.

8 I have not been strictly
9 instructed to present a brief, but what I would
10 like to do is present a few of my ideas in
11 relation to the medical aspects of the
12 drugs that are present in our society. The
13 big question which I feel that the Commission
14 will have to solve and make a decision on,
15 is, should marijuana be legalized? Certainly
16 this brings us to a very great and pressing
17 problem. Drugs are here, we must realize
18 they are, and they are going to be here.
19 The question we are going to have to decide
20 is which drugs should be legalized, which
21 ones should not, whether the law is right
22 and whether the law is wrong. Now, we
23 are all living in a very drug-saturated world,
24 and there have been many comments and many
25 studies.

26 One study stated that the
27 average North American adult consumes between
28 three and five ^{mind-altering} drugs a day -- this could start
29 from nicotine in your tobacco and caffeine in
30 your coffee and coke, and barbiturates, tranquilizers,

1 diet pills, alcohol, what have you.

2 Then, approximately in the
3 mid-sixties, the big question came forward,
4 we had marijuana, we had LSD, we had STP, DMT MTA,
5 and the amphetamines, and it became a very
6 pressing problem because youth was
7 alleged to ^{be} /using these drugs, they were
8 brought to Court for trafficking and possession
9 and the question is that many of these youths
10 were taking them only to be part of their
11 own subculture, part of their own group.
12 Most of them were taking it just for genuine
13 curiosity, and consequently youth were being
14 faced with criminal records and often
15 imprisonment, because of their acts, and
16 whether or not their acts were valid, this is
17 the question.

18 Now, when considering all
19 these drugs, drugs are only a reflection of
20 our society. The actual basic problem is
21 in our society. The problem arises with our
22 parents, with our instructors, our school
23 teachers, our youth leaders. This is where
24 the problem can be solved. The problem is not
25 necessarily drugs.

26 But the way I see marijuana in
27 relation of ~~it~~ to other drugs, there
28 is a very very distinct difference. Now, I
29 would like to reiterate a few of the facts
30 that as far as I am concerned, marijuana at the

present, is under the Narcotics Control Act, and I feel certainly that marijuana in no way fulfills the definition of a narcotic.

According to the World Health Organization, addiction is defined as a state of periodic or chronic intoxication produced by repeated consumption of a drug natural or synthetic. Its characteristics include an overwhelming desire or a need to continue taking the drug and to obtain it by any means; number two, a tendency to increase the dose and number three, a psychic, psychological,^{and} generally a physical dependence on the drug, and number four, detrimental effect on the individual and society.

In relation to number one, all these aspects show the character of certain drugs, namely opiates, barbiturates and alcohol. They, in no way, fulfill the characteristics of the other drugs and I certainly put emphasis on marijuana here, because it is under the Narcotics Control Act, LSD and the other^{psychedelic} drugs are in the Food and Drug Act, but with marijuana there is no evidence of tolerance. An experienced user of marijuana will find that he requires less and less of the drug to get his desired effects, so there is no tendency to increase the dose.

An overwhelming need to

1 continue taking the drug and obtain it by any
2 means, this is the heroin addict, not the casual
3 marijuana user. With marijuana, you can
4 develop psychological dependence, but there is
5 no physical addiction, and one's body in no
6 way requires the drug to continue its normal
7 daily metabolism. And this certainly
8 ^{not} can be said for the heroin addict and also
9 for the alcoholic. There is no physical
10 addiction to marijuana as there is with these
11 other drugs. And this is the reason
12 why marijuana at present is included in a
13 law for narcotics. It is absolutely not a
14 narcotic. So the law is wrong.

15 Now, where should marijuana
16 be, should it be legalized, should it not?
17 This is the question I have not solved in my
18 own mind, and cannot definitely answer, but
19 the fact is that drugs are here, and we
20 are now having marijuana pushed by the
21 underworld, by crime, and it has become a
22 part of crime. It has been stated that the
23 crime levels in Boston and Montreal are a
24 (part of the Maritime record.) But as far as
25 marijuana is concerned, certainly I feel there is
26 a definite question and no one is really able
27 to say that we should add another anxiety
28 reliever to our present armament.

29 The question is alcohol
30 in a lot of aspects is probably more harmful than the

1 marijuana and consequently maybe marijuana
2 should be legalized.

3 There are a lot of
4 different studies that have stated, and some of the
5 harmful effects in relation to --ⁱⁿOne study
6 Dr. Lumbert did in California of ninety
7 thousand admissions to mental hospitals, for
8 treatment in relation to drugs, there were only
9 three cases out of the ninety thousand for side effects
10 of marijuana. This is a very, very great difference
11 in relation to many of the other drugs such as
12 speed and amphetamines, where you get your very,
13 very high incidence of paranoia amphetamine
14 psychosis and also with LSD the very psychotic
15 states which come forward from individuals
16 predisposed to emotional illness and non-
17 psychotic states, chronic panic states which also
18 come forward on psychedelic groups of drugs.

19 These have not happened
20 with marijuana. As far as the general
21 effects to the body, the amphetamines, certainly,
22 yes. We have had serum hepatitis come
23 forward on amphetamines, also (codestatic)
24 hepatitis of the liver also from the communal
25 use of needles and mainlining amphetamines.
26 With LSD we have run into the problem of
27 chromosomal aberrations, changes in the
28 chromosomal aspects in relation to white cells,
29 also the evidence of cerebral hemorrhage resulting
30 in brain damage on LSD and the

1 psychedelic group of drugs. I may
2 mention here also the solvent group, and
3 there is also harmful effects to the liver and
4 kidneys, but no definite permanent brain
5 effects, but temporary ones. With marijuana
6 the only really harmful effect physically
7 with relation to the chronic use of it
8 pertaining to respiratory illness, leading
9 to bronchitis and other symptoms similar to
10 tobacco, but the casual use of it may not
11 enter into it.

12 Another study which has
13 been made in relation to alcohol versus
14 marijuana, in motor vehicle driving,
15 one study done by the U.S. Bureau of Motor
16 Vehicles, stated that the experienced user
17 of marijuana probably has much more control than
18 the casual user of marijuana under intoxication and
19 has less chance of being involved in an
20 automobile accident than the user of alcohol
21 intoxication.

22 So just in summarizing,
23 I feel that the law in relation to marijuana
24 is wrong, that different solutions have to be
25 sought, in relation to this, and the big
26 question is whether or not marijuana should
27 be legalized and if it is, would it reduce
28 the drug misuse problem in our society.
29 It certainly may. Marijuana at present
30 is certainly connected primarily with crime and

1 this is the drug which has been in most
2 prominent use. LSD and speed and
3 amphetamines are not in use by the majority of
4 users in our country.

5 THE CHAIRMAN: Doctor, what
6 is the evidence for your statement that
7 marijuana is now being pushed by organized
8 crime?

9 DR. JAMIESON: Well, the
10 evidence I have gotten from the R.C.M.P.
11 and different statements that they have made
12 publicly, that all drugs entering into the
13 country and in certain areas, do definitely
14 come from crime circles.

15 THE CHAIRMAN: Professor
16 Bertrand?

17 PROFESSOR BERTRAND: Docteur
18 Jamieson, vous avez dit que nous n'avions pas
19 besoin d'un autre moyen de soulager notre
20 anxiété, pouvez-vous nous expliquer la dessous?

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1 DR. JAMIESON: I feel marijuana
2 in that aspect can be categorized in the same
3 light.

4 PROFESSOR BERTRAND: But why don't
5 we need it?

6 DR. JAMIESON: Why don't we take
7 alcohol?

8 PROFESSOR BERTRAND: Don't we?

9 DR. JAMIESON: No. But why don't we
10 take alcohol off the market?

11 PROFESSOR BERTRAND: Off the market?
12 Yes, that is a good question.

13 DR. JAMIESON: You can put the question
14 both ways.

15 PROFESSOR BERTRAND: Because we certainly
16 know about the harmful effects of that, don't we?

17 DR. JAMIESON: Yes.

18 PROFESSOR BERTRAND: You mentioned that
19 you thought that society was responsible for this
20 research of pleasure or relief ^{through} / drugs, and that
21 this was a big society problem. As a physician,
22 could you help us understand why drugs--I guess
23 we know why some people, for instance, resort to
24 art or to knowledge, or to crime, to alleviate
25 tensions, to enhance their living conditions, but
26 why drugs? Why do you think we take drugs? Why
27 is it that drugs are there more and more?

28 DR. JAMIESON: The question of
29 drugs have been here for centuries and people
30 with their anxieties and their frustrations and not

1 able to cope with their own definite problems
2 in their families, resorted to various different
3 outlets to break from their ordinary, average way of
4 living, and I feel the move to alcohol and other
5 drugs has entered into the same aspect.

6 PROFESSOR BERTRAND: Meaning?
7 Not all people drink.

8 DR. JAMIESON: No, not all people
9 drink, no. But I think the inherent problem goes
10 back to the family. The parents don't relate to
11 their children; the parents see the reactions of
12 their parents; they are not able to communicate
13 on the same level, and consequently the children
14 see what the parents are doing, and then they turn
15 around and they feel they have a justified right
16 in doing actions which are very similar.

17 PROFESSOR BERTRAND: To their parents

18 DR. JAMIESON: Right.

19 MR. CAMPBELL: I wonder if you
20 could tell us anything about the use of drugs by adults?
21 Are you seeing in your practice evidence of large-
22 scale barbiturate habituation, dependency on
23 amphetamines, or do you see a problem, for instance,
24 with diet pills in the adult population? Or do you
25 hear from your colleagues to any extent in this
26 field?

27 DR. JAMIESON: I feel there is no
28 definite problem in my practice. I do prescribe
29 them under certain circumstances. I must always
30 consider the type of individual that I am pre-
 scribing them to, whether or not they may be prone

1 to become psychologically dependent upon these
2 drugs. There has been the odd occasional case
3 in which I found I have possibly run into
4 trouble, but no real major problem. I know of
5 patients I have inherited, who were psychologi-
6 cally dependent on amphetamines. And also barbi-
7 turates. There is some minor problem of psycho-
8 logical dependence on barbiturates, but I haven't
9 seen any great evidence of patients becoming
10 physically addicted to barbiturates, but I cer-
11 tainly know this can happen.

12 As far as the adults^{are}/in relation to
13 other drugs, I think in my work at the university
14 in relation to student health;ⁱⁿ/their relation to
15 the other drugs, there is only a small quarter
16 in the university group which are using the hard
17 drugs which are the chemicals and acids, but the
18 majority are using primarily marijuana.

19 MR. CAMPBELL: You are an attending
20 physician at the university?

21 DR. JAMIESON: Yes, I am.

22 THE CHAIRMAN: Dr. Jamieson, what has
23 been your observation in your practice, of multiple
24 drug use, if any? Have you formed any opinion on
25 the extent or upon the phenomenon of multiple drug
26 use?

27 DR. JAMIESON: Among youth?

28 THE CHAIRMAN: Not necessarily confined
29 to youth. In your practice generally, youth or
30 adults.

1 DR. JAMIESON: I was wondering whether
2 you were referring to the fact whether a youth
3 starts at one drug and goes on to other drugs.

4 THE CHAIRMAN: Using more than one
5 drug, or whether you see any progression.

6 DR. JAMIESON: I think you are getting
7 at the question of whether or not ---

8 THE CHAIRMAN: I'm not getting at
9 anything. I am asking for information, facts.

10 DR. JAMIESON: Certainly I feel a
11 lot of university students and youth are using --
12 probably start with marijuana and they go on to
13 use other drugs because they are readily available
14 to them. Although, I think they find in the long
15 run that they do definitely then decide in their
16 own mind, and they know that speed and acid are
17 harmful, and that they will revert back to mari-
18 juana and continue and stay with marijuana or
19 hashish.

20 THE CHAIRMAN: Is this from your own
21 observation?

22 DR. JAMIESON: Yes.

23 As far as the other question is
24 concerned, which I certainly feel--and has been
25 brought forward, and I would like to maybe
26 mention it here, is the fact that it has been
27 stated that because you use marijuana you are
28 going to go on to the use of the other drugs,
29 and I feel that this is not necessarily the case,
30 that individuals who start on marijuana have a

1 great chance not to go on to the use of heroin.
2 They only, I feel, do so because all of the
3 drugs come from the underworld and they are
4 illegal and the possession and trafficking, and
5 consequently when the youth are able in their
6 own culture and groups to have access to these
7 other drugs.

8 THE CHAIRMAN: Do you have any direct
9 observation of heroin use?

10 DR. JAMIESON: Not in this city, no.

11 THE CHAIRMAN: Can you make any dis-
12 tinction between marijuana and hashish?

13 DR. JAMIESON: I would classify it
14 basically within the same category.

15 THE CHAIRMAN: Dr. Lehmann?

16 DR. LEHMANN: Dr. Jamieson, let us
17 suppose for the moment that meprobamate would
18 have been developed and would have been accepted
19 as a recreational drug just as hashish is now and
20 marijuana and cannabis, because it does produce
21 pleasant effects of relaxation, sometimes little
22 stimulation. Would you have been in favour of
23 legalizing it, Because it isn't any worse. In
24 fact, it is probably less damaging than alcohol.
25 Would you have been in favour of legalizing it
26 then, because, well, if people want to take
27 meprobamate in the amounts they feel they need,
28 why shouldn't they?

29 DR. JAMIESON: I think there is a
30 definite distinction between meprobamate and

1 marijuana. With meprobamate I feel there is
2 a definite, probably an even greater psychological
3 dependence on it, and there is probably also very
4 vague evidence that there may be some degree of
5 physical addiction to the minor tranquillizing
6 group as a whole, which I feel is not necessarily
7 the case with marijuana. And also in relation to
8 dosage and tolerance, I feel that individuals
9 certainly do get tolerant to meprobamate and that
10 the dosage definitely increases with chronic use.

11 DR. LEHMANN: That was only esta-
12 blished about two or three years after the drugs
13 were introduced and had been used widely and
14 systematically. That information was not avail-
15 able before. Now, there is really no parallel
16 information available on cannabis because it has
17 not been used widely and systematically for years.
18 It has been used quite sporadically in comparatively
19 small amounts. Some are quite expensive and quite
20 risky to get. There hasn't been much opportunity
21 as there had been after two or three years with
22 meprobamate, to become aware of the psychological
23 and physical addiction potential.

24 DR. JAMIESON: I agree with you.
25 I think that marijuana needs much more intensive
26 study. Marijuana has been around for approxi-
27 mately, maybe four hundred years, if I am right,
28 and even though there has not been a lot of
29 intensive studies made, there have certainly been
30 a lot of observations.

1 I am not here advocating^{that}/we should
2 legalize marijuana. I think this is a question
3 that has got to be solved one way or the other.

4 THE CHAIRMAN: Have you had any
5 experience with speed in your practice?

6 DR. JAMIESON: Speed primarily in
7 this city has been taken by students. To my
8 knowledge students at the present time are not
9 mainlining speed.

10 THE CHAIRMAN: Have you had to deal
11 with any cases of speed freaks in your practice?

12 DR. JAMIESON: Not to the degree
13 that you say "speed freaks" because of mainlining
14 of speed. Not to that degree, no.

15 THE CHAIRMAN: Have you formed any
16 professional judgment as to the causes of taking
17 speed, the psychological make-up of the persons
18 who take speed? Could you generalize about that?
19 Have you formed any professional opinion?

20 DR. JAMIESON: I have certain opinions
21 but not from experience.

22 THE CHAIRMAN: Not from direct ex-
23 perience.

24 DR. JAMIESON: Not from direct ex-
25 perience, no.

26 MR. CAMPBELL: I wonder if you could
27 tell me what steps are taken in this province by
28 the medical associations or other bodies to ensure
29 that there is a flow of adequate and up-to-date
30 information to physicians about the newer drugs

1 and about their treatment? With that, I wonder
2 if you would like to comment on the adequacy of
3 the hospital facilities to treat freak-outs and
4 to treat people on bad trips. Are there facili-
5 ties, are there personnel available in these
6 hospitals? Are the hospitals willing to accept
7 these cases when they are presented to them?

8 DR. JAMIESON: I think this is an
9 area of most inadequacy, really. I think the
10 medical society in this province really have not
11 done their utmost to supply information to
12 physicians. I have never seen any publications
13 or any information coming from our medical society
14 to try and attempt to educate doctors in this
15 province. I certainly feel this is a great
16 problem and that doctors that are interested in
17 the problem find out for themselves through their
18 own research and our medical society has not made
19 a determined effort to teach physicians about
20 drugs in this province. In relation to the
21 hospital facilities, we in Fredericton have a
22 most inadequate general hospital; probably good
23 care, but our facilities aren't. We don't have
24 psychiatric help or a psychiatric ward in this
25 hospital, although a certain number of the
26 physicians are definitely doing the best they
27 can to treat these patients on drugs who have
28 bad trips and are in definite need. We definitely
29 have to refer these patients, and even in this
30 province with the facilities of two psychiatric

wards in general hospitals, and in two provincial mental hospitals which do have facilities for alcohol and drug treatment, this is definitely not adequate. I have had to refer patients even to the Memorial in Montreal.

MR. CAMPBELL: What about the short-run bad trip reaction? Do you see many of these at the hospitals, and do people on bad trips seem willing to go to the hospital?

DR. JAMIESON: They appear even more so to be willing to go to the hospital. And I think this year, because of our discussions at the university and because we encourage students to get in touch with us if they are definitely having problems. We can cope with the bad trip in our facilities and we have done so.

MR. CAMPBELL: Are physicians here one way or the other letting it be known that they will give a sympathetic acceptance to the drug user? In some cities apparently there are physicians who become known as not hostile.

DR. JAMIESON: I agree with you, and I think I am maybe one. Physicians that are connected with our health service at the university that are working under me, I feel this is their opinion and they do hold a very sympathetic ear toward the drug user.

MR. CAMPBELL: What about the person who is not in university? What about the high school student, the school dropout? Do they have

1 facilities equally?

2 DR. JAMIESON: I think there is
3 even a greater problem in the junior high
4 school and high school group. I am not as
5 worried about the university age group as I
6 am about the junior high school and high
7 school group.
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1 MR. CAMPBELL: And they
2 seem to know if the people are having a bad
3 trip?

4 DR. JAMIESON: Not as well
5 as at the University, our lines of communication to the
6 high /school and junior group are not as good as at
7 the University.

8 MR. CAMPBELL: Are any steps
9 being taken to acquaint these people with the
10 fact that they might get a sympathetic treatment?

11 DR. JAMIESON: Yes, there
12 are individuals in this community who are
13 contemplating setting up a drug centre in the
14 Fredericton area and I certainly feel that if
15 this comes to the fore and becomes a reality
16 in the next few months, that through this
17 centre the youth will be able to look for
18 help in this matter.

19 MR. CAMPBELL: What
20 facilities are available to you to identify
21 a particular drug once it reaches the streets?
22 Are you able to find out if a particular lot
23 of acid has a high speed content, for instance?

24 DR. JAMIESON: This is
25 a problem to us. We would possibly have to go
26 to Dalhousie University and work in that area
27 to find out but our lines of communication are
28 most inadequate at this time to find exactly
29 what the content of these drugs are.

30 MR. CAMPBELL: And what would

1 you suggest would be a remedy?

2 DR. JAMIESON: Well if we
3 could have a direct line with Food and Drug
4 and if these could be shipped right off --
5 oftentimes by the time we get word back on it
6 the drug has been consumed and is no longer in
7 the community. The time interval certainly
8 has to be decreased.

9 THE CHAIRMAN: When you
10 said, Doctor, that you were more impressed
11 by the problem of drug use in the high schools,
12 than in the universities, what were you thinking
13 of precisely? Were you thinking of extent
14 and if so, what impression have you formed
15 of let us say the extent of use of marijuana
16 in the high schools?

17 DR. JAMIESON: In the
18 high schools and junior high school age group,
19 I feel that ~~these~~ youths will take anything
20 for curiosity, they don't try to decipher
21 whether they are taking marijuana or acid or
22 glue or whatever they are taking. They will
23 try anything for curiosity. We have had
24 seven and eight year olds sniffing gasoline,
25 thirteen year olds. They will try anything
26 for curiosity and this is definitely where the
27 problem arises. In relation to the university
28 age group, I feel that ^{if}the individual is in
29 university, he is a reasonably responsible
30 person, he is able to know more about drugs,

1 know more about the side effects and harmful
2 effects, both mentally and physically and
3 make a decision for himself whether or not he
4 is going to use these drugs. But in the
5 junior and high school they will try anything.

6 THE CHAIRMAN: Well, what
7 do you think may be the effect of drug
8 education upon this curiosity in the high schools?

9 DR. JAMIESON: I think it
10 is most important, but we have to be able to
11 get down and discuss it with them. We can't
12 walk into the high schools and say marijuana
13 is harmful to you, because they will say, man
14 you are crazy, we know different. And
15 this has been done, and I think this is the
16 great credibility gap which has developed
17 over the last four or five years, the
18 credibility gap between the establishment and
19 youth, is the fact that people continually
20 spoke out against all drug consumption.
21 We have got to make a distinction between
22 marijuana versus the other drugs, and if you
23 do, then the youth will listen to you and
24 they will discuss it with you and you can get
25 down to their level and help them make a
26 decision, but there is no way to go into a
27 high school or junior high school and completely
28 speak out against all drug consumption.

29 THE CHAIRMAN: Can we trust
30 to the exercise of wise choice at the junior high

1 school level on the basis of information?

2 DR. JAMIESON: How do you
3 mean?

4 THE CHAIRMAN: Can we trust
5 to the wise exercise of choice at the high school
6 level on the basis of full information?

7 DR. JAMIESON: No, I agree
8 you can't.

9 THE CHAIRMAN: I am
10 not expressing a view, I am asking you.

11 DR. JAMIESON: No, I agree
12 you can't.

13 THE CHAIRMAN: I wish you
14 would amend that in the record. I have not
15 taken the view that you can. You are
16 expressing the view that you can't. Now,
17 what are the implications, what is to be the
18 approach of ^{drug} education in the junior high school
19 level?

20 DR. JAMIESON: Well,
21 certainly we have got to start in the home
22 first, educate the parents, parents will have
23 to have a good knowledge of drugs and be able
24 to sit down with the youth and discuss them,
25 and the individuals have to certainly
26 have an element of decision as to whether he
27 is going to try these drugs or whether he is
28 not. I think we have got to get through to
29 youth in the junior high schools that they
30 are not going to experiment at all on drugs,

1 but it is a real problem in doing this.

2 And one great thing too, where I think the
3 idea of pure counselling is most important in this
4 area is, if they can have individuals in the high
5 schools who have a knowledge of drugs and who are
6 available, and these are the individuals who can
7 probably do more than members of the Establishment,
8 in dealing with youth.

9 THE CHAIRMAN: Are
10 there any questions or comments from others
11 present, to Dr. Jamieson's submissions?

12 Yes? There is a lady
13 there. Would you like to come to the microphone?

14 THE PUBLIC: Dr. Jamieson,
15 you say that there is evidence of chromosome
16 damage in the use of LSD. Do you have any
17 facts on that?

18 DR. JAMIESON: Well, in
19 some of the scientific papers that have been
20 published in recent months, that there is some
21 evidence that there can be chromosomal aberrations
22 which can occur during the first three months
23 of pregnancy. This is the period where
24 the fetus is beginning its growth and
25 organs are being formed, and there can be
26 abnormalities come forward. I have not seen any,
27 I have seen women who have told me they
28 were on drugs at the time of conception,
29 but in delivering these children, there were
30 no abnormalities.

1 I don't have definite
2 statistics to show or give at this time.

3 All I know is that statements have been made
4 and fairly concrete studies produced and I
5 can probably get you some publications.

6 THE PUBLIC: Have there
7 not also been studies that have shown there was
8 no chromosome damage?

9 DR. JAMIESON: Yes, there
10 was two or three years ago, but recent
11 information has changed this.

12 THE PUBLIC: But it is
13 concerned only with pregnant women?

14 DR. JAMIESON: Right.
15 I am not saying it would have the same effect
16 as thalidomide but the drug has to be consumed
17 during the time of pregnancy and during this
18 period of the first three months.

19 THE PUBLIC: Would you say
20 in your opinion, in your experience, that
21 any one freaking out and going to Victoria
22 General Hospital, you would get general
23 sympathetic treatment or treatment period?

24 DR. JAMIESON: Well, if
25 they come in and ask for me they will.
26 I can say this for other physicians on the
27 staff, but I cannot necessarily say it for
28 everyone.

29 THE PUBLIC: Would you
30 say there are physicians who would not treat you?

1 DR. JAMIESON: Well, I feel
2 that there are people in this city, the youth
3 who have a definite misunderstanding about
4 the community. Youth have the impression that
5 we are prototypes of the middle class society, against
6 which youth are allegedly in revolt. I feel
7 that any doctor in the city would have a
8 definite sympathetic ear, but I also feel that
9 probably a lot of physicians are not adequately
10 trained to deal with drug use.

11 THE PUBLIC: Thank you.

12 DR. JAMIESON: I am not
13 saying that I am either. It has all been
14 self-interest and self-training.

15 THE CHAIRMAN: The
16 gentleman at the back?

17 THE PUBLIC: My name is
18 Dr. Brant and I am a colleague of Dr. Jamieson's at
19 student health service at the university.
20 I have had a marginal association with the
21 drug problem here in town, also for the past
22 year. I would like to express my own
23 views and tend to be a little harsher, far right
24 wing, much more conservative than Dr. Jamieson
25 or I imagine most doctors. My own submission
26 centres around criticism of Mr. John Munro's
27 statement of I think, about three weeks ago,
28 and loosely quoted, and I say loosely, if
29 enough people begin using marijuana and if it
30 is accepted by enough people, then the present

1 laws will have to be changed and perhaps the
2 drug will have to be legalized.

3 Now, this statement, I know,
4 is an acceptable statement when looked at
5 objectively. The man is a lawyer, and when
6 being uttered by one who is supposed to be as
7 objective as he is, it is acceptable. Now,
8 we cannot expect a nation or a group of people
9 to accept the moralizing views of one individual
10 or a small group when a particular habit, code
11 or ethic has been already^{been} accepted by that
12 nation or group at large.

13 At the present time, as an
14 example, we have total acceptance of alcohol
15 as part of our social culture, widespread
16 social use of same and general world-wide
17 acceptance of alcohol. Now the majority
18 will not accept the moralizing of a few,
19 i.e. temperance groups, against alcohol now.
20 Alcohol has become thoroughly accepted.
21 Prohibition was not acceptable, people want
22 liquor, government wants taxes, and alcohol is
23 accepted. But I shall get moralistic
24 about alcohol by presenting a few facts for the
25 opposite side, and as a physician, I see some
26 of the horrid consequences of alcohol. The
27 American annual expenditure for liquor today
28 is thirteen billion dollars, six hundred thousand
29 new alcoholics are made every year, and the
30 cost of treating them is twenty billion dollars per

1 year, far more than revenue from liquor. I see
2 other consequences, much more personal, in maimed
3 and destroyed bodies as a result of alcoholic
4 abuse in cars. The mass of young in broken
5 spirits, broken homes, and I could go on forever.
6 I am using alcohol as my example. Are these tragic
7 and horrendous consequences worth the acceptance
8 of alcohol as part of our culture. Of course this
9 is the price we must pay for this acceptance.

10 I am sure that if alcohol
11 was now being considered for legalization
12 for the first time, and if we knew what we now
13 know about its effect when chronically abused,
14 that it would not be sanctioned, at least by
15 the medical profession for legalization.

16 Marijuana, of course, as yet
17 does not present as severe a problem,
18 economically, socially and culturally as does
19 alcohol, and I say as yet. Its use, as we
20 all know, is increasing so much so, that the
21 acceptance of its use is also increasing
22 and this, I feel, makes it the black sheep
23 of the lot. Marijuana is the one drug
24 I feel has to be watched the closest. The
25 profound statements of the intellectuals,
26 pseudo-intellectuals, psychiatrists,
27 psychologists and outright quacks that have
28 been uttered and printed testifying to the
29 harmlessness and innocuousness of marijuana
30

1 has had a tremendous influence on the
2 more liberal attitudes arising in the past
3 year, concerning its sale and use. It
4 has lost its shock appeal. It is not the
5 private panacea now of rebellious youth.
6 Low and beyond the sanctions of establishment
7 have adopted it in many circles. The
8 pattern comes on as in alcohol, "the best mixer".
9 And herein lies the danger.

10 By now, we should have all
11 heard the consequences of marijuana abuse.
12 Not much different really from alcoholic
13 intoxication. Distortion of time and space and
14 occasional impairment of judgment, increased
15 sensory awareness to a point, and distortion,
16 frank nausea and vomiting, lassitude and complete
17 inertia and psychosis -- not much different,
18 as I say, of alcoholic intoxication.

1 But superficially it doesn't seem all that bad.

2 But, first of all, we do not need another
3 intoxicant on the market. The problems of
4 alcohol should have made this clear by now.

5 Of course marijuana is psychologically addicting
6 as is alcohol. Perhaps it could be used
7 as alcohol is by many with untoward effects.

8 There are many, though, who could not handle it,
9 the drop-outs, the chronically depressed
10 poor individuals who are so tied up with their
11 neurosis and inadequacies that they must find
12 release in others. And then we have all
13 the same problems of harm with alcohol abuse.

14 If marijuana does become
15 more acceptable and perhaps even legal, why
16 stop there? Why not try others with more
17 potent and possibly greater sensitive effects?

18 Then we have opened Pandora's box, and the
19 whole spectrum of illicit drugs will be up
20 for grabs. I have not personally yet met

21 one marijuana user who has not tried something
22 else, usually hash or LSD or LSD-speed
23 combinations. And then we have real

24 trouble, things that will make marijuana trips
25 seem like Sunday School picnics. My

26 association with a few bad trips I have treated
27 on LSD, MDA, speed combinations, have been
28 enough to cement in my mind only a total
29 negative view on the even one time experimenter.

30 By the same reason our

1 parents didn't want us to hang around pool
2 halls, I agree, pool isn't bad, the environment
3 and the taste of the way of life is.

4 Marijuana by itself is not all bad. The
5 environment of the entire drug culture, the
6 eventual move to bigger and better drug uses,
7 to my mind, all are bad. My marginal
8 association with the local drug scene is
9 perhaps changing, from a moderate local role
10 to a far right winger as regards to illicit
11 drugs.

12 I do not agree with the
13 ridiculous long term jail sentences for first
14 time offenders. I do agree with the principle
15 of legal penalties up to and including jail
16 sentences for repeat possession and first time
17 or any time traffickers. I say, and in
18 no circumstances should marijuana be accepted
19 in any way, socially, culturally and especially
20 legally. It should be kept illegal and
21 forever. Our permissive society, I think,
22 would have lost its head, if it accepts
23 marijuana legally.

24 To Mr. Munro and to others
25 who might be bending under the influence of
26 the spreading push of permissiveness concerning
27 drugs, and marijuana in particular, I say
28 don't back down. Be the leaders you are
29 meant to be. More moralistic on this issue
30 at least. There are many behind you. Keep

1 marijuana illegal.

2 Thank you.

3 THE CHAIRMAN: Thank you,
4 Dr. Grant.

5 Any other questions?

6 Thank you, Dr. Jamieson,
7 for your assistance.

8 THE PUBLIC: May I take the
9 table?

10 THE CHAIRMAN: Would you
11 like to take the table? Yes?

12 MR. SMITH: My name is
13 John Smith. I am speaking for the Progressive
14 Conservative Student Association here, as
15 vice-president of the student council and as
16 president elect of the student council.

17 Also I am speaking as a
18 citizen of this province, an active observer
19 of what is going on in your studies here today.
20 And to begin with, I would like to say that
21 I deplore the absent people, the so-called concern
22 of mothers and fathers, aunts and uncles,
23 grandmothers and grandfathers who are not
24 here today. The drug problem indeed is a
25 problem. So many people are concerned.
26 They express outcries of agitation and frustration
27 of what the young people are doing in society
28 today. But yet when you have a commission
29 appointed by the Government which provides
30 education and informed comment on such a problem,

1 we can't bring these people to a room that
2 could hold four or five hundred people.

3 And as these people express
4 their concern to this problem, much of this
5 concern and criticism is directed at the
6 youth, the high school student and in particular
7 the University student. At the high school
8 level the drug situation is indeed in a
9 dangerous state, especially in the city of
10 Fredericton. This is due in particular
11 because there are two universities here and
12 one teachers' college. High school students
13 look up to university students. They tend
14 to associate with university students. They
15 seek an identity there. And one of the
16 reasons for the growth of drugs in the high
17 school is because it is more readily available
18 to them from university students.

19 Also I criticise and
20 deplore the clergy in this community for their
21 prejudice against the student community.
22 In the pulpits the ministers decry the
23 actions of youth, radicals, the Black Panthers,
24 the C.S.T.S., people from the New Brunswick
25 socialists. They decry the growing usage
26 of drugs in the pulpits.

27 But yet when young people
28 are sentenced to prison terms for a first
29 offence for possession, nothing is said.

30 And I deplore the attitude

1 of the Press for their irresponsibility
2 in quoting out of context many quotations attributed
3 to people charged, to statements made by
4 judges, to statements made by you people here,
5 and by people who make comments as well.

6 I deplore some action by the
7 police in their methods in apprehending people
8 in trafficking of drugs and having drugs within
9 their possession. In the University of
10 New Brunswick I have known ^{undercover} two/police constables
11 trying to use any means to apprehend
12 people who have marijuana and other drugs in
13 their possession.

14 Basically I want to confine
15 my statements to the drug, marijuana. From
16 my observations at the university I find that
17 most students deal with the marijuana drug,
18 most of them have tried others but they come
19 back to marijuana. Personally I offer no
20 statement as to whether marijuana should be
21 legalized; I am not qualified to say so;
22 I have never taken the drug; I have never
23 taken any drug; I do not intend to until the
24 law is changed and if the law is changed, then
25 it becomes a Christian ethic for me.

26 However, the university
27 students feel that the use of marijuana does
28 not lead to the use of other drugs, LSD, heroin
29 and speed. They are aware of the dangers of
30 these drugs, the impurities in LSD and the

1 experiences that they have had on trips with
2 LSD and speed have left them feeling there is
3 too much danger involved. When they are
4 coming down they experience side effects
5 which could endanger their body, their life
6 even, and they come back to marijuana because
7 it is safe; because they feel it is not
8 addictive; and because they feel it gives
9 them a better trip, more pleasure.

10 Also we were talking
11 here a while ago about the use of marijuana
12 and the use of alcohol. I live in a
13 residence that has some two hundred people in
14 it. I know at least one hundred of these people
15 have tried marijuana and are still trying or
16 taking it.

17 Also I know that many
18 of these students are becoming chronic
19 alcoholics. Some students take three, four,
20 five nights out of the week in residence.
21 They drink in excess not six pints, but six
22 quarts, eighteen quarts.

23 THE CHAIRMAN: Quarts
24 of what?

25 MR. SMITH: Beer.
26 Some are also dependent on wine. They drink
27 quarts of that in an evening too. And the
28 alcohol problem here is as bad as the drug
29 problem in residence.

30 Also too, in the statutes

1 it is illegal for a person eighteen years
2 to buy, consume or have in his possession
3 alcohol. On this university campus a minor
4 can have in his possession alcohol; he can
5 buy alcohol and he can consume it in residence
6 and it is overlooked by the University Officials
7 and it is overlooked by the police.

8 But nevertheless, let
9 him experiment once with marijuana and if he
10 is caught, what happens to him?

11 Now, on to the people who
12 depend heavily on alcohol, the minors, why
13 aren't they treated and pursued in the way
14 the police pursue the users of marijuana?

15 I don't think that
16 most university students, particularly at
17 Saint Thomas, will come outright and say, "Legalize
18 marijuana". They realize that it is
19 here and it is here to stay; they are
20 going to continue to use it. But what they
21 would like to see, and often they say, "Yes,
22 legalize marijuana", but they always
23 qualify their statement. What they would
24 like to see and what I would ask you to
25 consider is, one: to pursue a uniform base
26 for the sentencing of drug offenders in this
27 nation across the country.

28 In other words, what
29 applies for an offender in British Columbia
30 applies to Newfoundland, to another user in

1 Newfoundland for the Courts. If he
2 is caught for marijuana for the first time
3 in New Brunswick, let his sentence be the
4 same as would be for first time users in
5 British Columbia. Let it be the same
6 in Manitoba and in Ontario. Have uniformity
7 in this.

8 Secondly, in regards
9 to marijuana we call for a stay in the
10 sentencing of people charged with marijuana.

11 THE CHAIRMAN: Is that
12 possession you are speaking of?

13 MR. SMITH: Yes,
14 possession, yes.

15 Many times young people
16 are caught and are accused of trafficking in
17 marijuana if a person has marijuana in
18 his possession and he gives it as caught to
19 his friends without taking money and he is
20 charged with trafficking in marijuana and
21 he is sentenced to jail or given a criminal
22 record for this act, and I think it is wrong.

23 THE CHAIRMAN: Excuse me.
24 Do you think there should be distinctions
25 in trafficking? I want to understand
26 exactly what your recommendation is with
27 respect to sentences.

28 MR. SMITH: I would consider
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1 trafficking in marijuana as an act that
2 involves the supplier giving to the user
3 an exchange of money and in considerable
4 amounts as well. But where an individual
5 gives to his friends, gives, this is to me
6 not trafficking.

7 THE CHAIRMAN: Why is that?
8 What is the criterion or factors? Is it
9 the profitability of it or is it the
10 distribution? What is it?

1 MR. SMITH: It is the distribution,
2 it is the profiteering of it as well; but it is
3 the act of going to someone, wanting it and
4 whether it be in a public place like the student
5 union building or a washroom, giving me the
6 envelope and I giving him dollars and cents,
7 whereas if I could give my friend Bill in my
8 room, a marijuana cigarette, I don't consider
9 that trafficking. Just the same as I don't
10 consider giving a pint of beer to a friend,
11 this is given, exchange of goods.

12 THE CHAIRMAN: Is it the making of
13 the money that the law is concerned about it, or
14 should be?

15 MR. SMITH: No, I am convinced that
16 if the government was convinced it could make a
17 heck of a profit on marijuana and drugs, that they
18 would be making off liquor, they would probably
19 speed up action of this law. The delay here I
20 think is caused by the government because it
21 basically feels the young people have no voice,
22 have no political force, that they can't vote,
23 so that the government can fool around with the
24 young people as much as they want, and this is
25 why the voting question -- why do we leave it to
26 people who vote? What about the people of eighteen
27 to twenty-one? Why don't you ask those people if
28 they want to vote or not? It is the same way.
29 Why don't you ask people who are in the high schools
30 and in the universities if they want the legalization

1 of marijuana, not representatives of the Depart-
2 ment of Education and Justice, government, esta-
3 blishment people. Why not go directly to these
4 people?

5 THE CHAIRMAN: Excuse me. You have
6 said -- I interrupted you -- you said what students
7 would like and you made two points. Did you have
8 a third point?

9 MR. SMITH: No. Basically the two
10 points; that the punishments be uniform and this
11 applies to all drugs, not just to marijuana, not
12 just to LSD.

13 THE CHAIRMAN: Do I understand you
14 to mean that the penalties prescribed by law be
15 applied by the Court with some consistency and
16 uniformity? You don't mean to say that the
17 penalties that the law should prescribe should be
18 uniform? There is a distinction.

19 MR. SMITH: Yes, there is a distinction.
20 Now, in Appendix 3 of the report given by the
21 Civil Liberties Association, you see a newspaper
22 coverage of sentencing; a youth gets five years
23 on a drug count. Now this happened in Moncton.
24 Now, I believe that a sentence like this; what I
25 would like to know from the Press is, in this
26 court procedure, did this person being charged
27 have any previous criminal record, was he put out
28 on probation, were his charges acquitted, has he
29 been a menace to his community? The article does
30 not say. Also, is this an action by a judge to

1 scare the hell out of the young people in the
2 community of Moncton by giving such a heavy
3 sentence to one individual?

4 Now, I have heard people from the
5 city say that it is very, very difficult now to
6 get marijuana and as a result the younger people
7 are going to heavier drugs, and we have seen this
8 as the result of Nixon's legislation on goods
9 going back from Mexico to the United States as
10 Time magazine points out. In the larger cities
11 like New York, Chicago, Boston, where marijuana
12 now is becoming more difficult to get, we see the
13 young people, the users, going from marijuana to
14 harder drugs; LSD, speed, because of that action
15 by the government and by the courts. In referring
16 earlier to this exchange, of a young person giving
17 marijuana to his friends, a person was sentenced
18 to jail for that very act and charged with traffick-
19 ing, and I say it is an unfair sentence.

20 And at the university level we have
21 all sorts of people. We have radicals, we have
22 conservatives, we have moderates, activists, you
23 name them, we have them. And whenever there is a
24 protest in the university, a boycott, a demon-
25 stration, disruption and destruction of university
26 property, what makes the front pages in the news-
27 papers, what gets the attention of the public is
28 that action. But when a university organization
29 goes out and works its mind out for charity,
30 raises money for their "Shinorama" programs for

1 welfare people, community action people, what
2 kind of response do we get from the public and
3 from the Press? You find it on page 12 of the
4 newspapers. The clergy never mention it, poli-
5 ticians never mention it. Acts like this never
6 get the appreciation they deserve, yet we are
7 labelled as radicals, immature people, still in
8 their diapers, haven't grown up yet; but we can
9 yet do these things and play an active role in
10 the community, and this role never gets recognized.
11 But just let us once, a few students, protest or
12 sit down in a building, and this makes the front
13 pages and this gets community people up in arms.
14 We have in the city a program against pornography
15 started, and where has it ended? For weeks the
16 people dealt with it in their editorials and
17 articles in the paper and now it has disappeared.
18 And in comes radical action of university students.

19 THE CHAIRMAN: Does that conclude
20 your submission?

21 MR. SMITH: Basically, yes.

22 THE CHAIRMAN: Are there any questions
23 or observations from anyone?

24 Thank you very much.

25 Mr. Simms?

26 MR. SIMMS: With your indulgence,
27 if I may start off with the afternoon proceedings
28 perhaps it would serve your purposes.

29 THE CHAIRMAN: Thank you, you are
30 very kind. You are sure it will not inconvenience

1 you?

2 MR. SIMMS: No.

3 THE CHAIRMAN: Because we must go
4 to the University of New Brunswick for one o'clock,
5 at the University Students' Union Building, and
6 we will reconvene here at 2:30 this afternoon.

7 I now adjourn this hearing.

8 ---Upon adjourning at 12:25 p.m.
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1 THE CHAIRMAN: We will
2 resume our hearing now, ladies and gentlemen.
3 I apologize for keeping you waiting. We have
4 just come from the University of New Brunswick
5 where we had a meeting with the students.

6 Now, I call on Mr. Simms,
7 Thomas Simms, and if you would like to be seated
8 at the table, Mr. Simms, and Mr. Simms is
9 assistant Professor and acting head of the
10 Department of Education of Saint Thomas University.

11 MR. SIMMS: Thank you.
12 I am a bit nervous and I realize as a counsellor
13 and psychologist that the present set up makes
14 me feel that either you are being inquisitive
15 or I am, and I wonder if this is deliberate
16 or it somehow makes us feel like ---

17 THE CHAIRMAN: We are here
18 to listen.

19 MR. SIMMS: It is the
20 physical set up here.

21 THE CHAIRMAN: Would you
22 prefer to sit up here with us?

23 MR. SIMMS: Yes, or perhaps
24 you could sit here.

25 THE CHAIRMAN: I think if we
26 were to exchange places right now it would not
27 change my responsibility to question you after
28 you have made your submissions.

29 MR. SIMMS: No, but it would
30 probably make me that much more nervous and

1 I was wondering why I was reacting as much as
2 I was to the situation and why I should with
3 my competence and my capacity feel as nervous
4 as I do. I just thought I might question you
5 as to if you had given thought to the
6 inner active ---

7 THE CHAIRMAN: Well we
8 have never had anyone at the table begin a
9 submission with this kind of introduction and
10 perhaps we could learn from this and profit
11 in our arrangement. In terms of set up, what
12 would you suggest?

13 MR. SIMMS: Perhaps come
14 down off the elevated set up. Perhaps if you
15 were set up in the middle of the room, perhaps
16 sitting around a table, there are a dozen ways
17 that you could do this, so that it is less
18 formal. But I thought I might at least ask
19 if this had been taken into account or if you
20 had thought about it.

21 THE CHAIRMAN: Well, you
22 are not obliged to make a submission.

23 MR. SIMMS: No, but I feel
24 that I not only have a right, but I have a
25 responsibility at least to my students and
26 colleagues.

27 THE CHAIRMAN: Good. Well,
28 why don't we hear it then.

29 MR. SIMMS: Fine.

30 My submission will not be like

1 the inter-departmental committee submission this
2 morning, suggesting that my money be spent.

3 I think the existence of this Commission and the
4 fact that it is so deliberating and taking
5 evidence is further proof of the contention that
6 man has yet to deal with the most urgent problems
7 we must now solve, the problem of ever
8 accelerating change.

9 There is no argument against
10 change. Change is. Endlessly accelerating change
11 seems to be our present state. Yet there are distinct
12 limits to the speed with which man can respond to
13 environmental change. These limits are set
14 both by our psychological and physiological
15 constitution. Clearly, research in psychology
16 mirrors the findings in other man-related
17 academic and applied disciplines that man's
18 ability to adapt vanishes when the rate at which
19 he has to adapt is too great. Yet on the other hand
20 when we are insufficiently activated we also
21 become dysfunctional. Man will seek an optimum
22 level of arousal, since he is evolutionarily
23 programmed so to do.

24 However, his social and
25 physical environment may interfere with this
26 best adaptation. For the total of his
27 evolutionary past, the premium on adaptability
28 has been on becoming just as the generation
29 before, a process our social order, its
30 agencies, schools, churches and the law have

1 developed to enforce. Now we have the
2 problem that this premium on nonchange is
3 dysfunctional, and from some quarters it is
4 argued that this dysfunction is fatal to our
5 society, finding its resolution in the destruction
6 of man as a species.

7 The emergence of a new
8 condition of life, a high transience society, has
9 been met temporarily by some persons and groups
10 with new strategies. One is the specialist
11 who becomes masterful at coping with a highly
12 limited range of life situations, yet hopeless
13 at anything else. Up until now this
14 strategy was functional if sometimes
15 amusing. Now its efficacy is doubtful.

16 Another strategy is
17 reversion to previously successful behavioral
18 programs. Regression moves back into old
19 routines and clings to it with dogmatic
20 desperation. The Agnews, the Wallaces, the
21 Rene Levesques, the Goldwaters of the world
22 take the old solutions and apply more of the
23 same. In the past police maintained order, then
24 use more police now; law once controlled society,
25 then apply more law; authoritarian treatment
26 of children worked in the past, then come down
27 on them harder. Regression also accounts for
28 the fascination by the New Left with rural communes,
29 flower people, love at any price, and explains the
30 deification of Che Guevara, spouting of

1 antediluvian Freudian and Marxist cliches
2 as solutions for the world's ills, and
3 contempt for and rejection of, as did the
4 Luddites, Science and Technology.

5 A further strategy of
6 regression is that of the super-simple,
7 reducing the environment to a single neat equation.
8 Disturbed by the chaos of reality, these people try
9 to force chaos into a simple set of dogmas. This
10 accounts for both the preceding groups and those who
11 flock uncritically into the fold of a
12 McLuhan, a Marcuse, a Friedman or a
13 Diefenbacher. Supersimple structures lead to
14 supersimple solutions - such as violence.

15 To see the foregoing
16 strategies in operation we have only to
17 catalogue how we have put ourselves uncritically
18 into the hands of specialists, spent vast sums
19 creating a rigid, sterile upbringing for our
20 young, increased phenomenally efforts at brutal
21 law enforcement, and encouraged to proliferate
22 violence and hate both in action and in
23 fiction. Clearly our drug laws are bankrupt,
24 since it can be argued that all they have accomplished
25 is to give North America the highest drug abuse
26 rate in the world.

27 These strategies may
28 account for the fact we have received no direction
29 from the R.C.M.P. regarding the problem you have
30 under advisement except to aggrandize their

1 punitive capability. Surely by now we
2 must have learned that punishment doesn't work.
3 Yet also surely there must exist competents
4 in the R.C.M.P. who know the difference between
5 manifest and latent effect of law enforcement
6 and can coherently advise the commission on
7 changes in legislation for peace, order and good
8 government, rather than present the regressive
9 techniques they have advocated to you so far.

10 When we see a learned
11 Justice of the supreme Bench of this province
12 increasing sentences, advocating this, not on the
13 basis of law, but on the sake of basis of
14 outdated and fatheaded sociology and psychology,
15 where he got it, I don't know, but when it is
16 handed down from the Bench, I am afraid
17 for my country.

18 Then again it may be
19 fairly asked of those who wish to maintain
20 the present state of a vast illicit yet profitable
21 drug trade, what interest they have in
22 perpetuating this. Is it personal profit,
23 aggrandizement, promotion, or currying favour
24 with the unthoughtful?

25 From the foregoing it is
26 clear that any strategy of coping with the
27 changing behaviour of people cannot adopt a
28 regressive approach. Yet if one adopts a negative
29 controlling attitude toward man, i.e. presuming
30 he is always going to do wrong, then I see no

1 strategy available to those holding this
2 assumption except strategies leading to disaster.
3 On the other hand if one assumes man will
4 do his best, then strategies involving general
5 principles of freedom and self responsibility
6 will offer the best hope of coping with the
7 problem.

8 It is obvious to me then from
9 the supportable evidence presented^{to}/you from all
10 quarters and from my own judgment relating to
11 a wider review of the literature regarding the
12 psychological impact of the social, economic
13 and personal factors involved that I can
14 recommend none other than

15 a. that the whole apparatus
16 of imported United States law related to drug use
17 and abuse, since it has demonstrated its
18 bankruptcy, be repealed and a model based
19 on our parliament tradition of respect for the
20 individual, decency and fair play be
21 enacted.

22 b. that until that is
23 done a moratorium on drug offences be
24 declared except where there can be shown to
25 exist a clear danger, demonstrable beyond a
26 reasonable doubt, to public safety.

27 In developing (a) and (b)
28 the following guidelines ought to be used:

29 c. that the problem of
30 drug abuse be returned from criminal jurisdiction

1 to the competency of the medical
2 profession.

3 d. that the government under-
4 take to supply under control such drugs as
5 may be required by the public for non-medical
6 use.

7 THE CHAIRMAN: Thank you,
8 Mr. Simms. Are there any questions?
9 Professor Bertrand?

10 PROFESSOR BERTRAND: Yes.
11 Would you expand on the paragraph (a) of page 3,
12 this implication of American statutes in the
13 Canadian penal code.

14 MR. SIMMS: Well clearly we
15 don't have British law here, do we, relating to
16 drug use, we have (inaudible) . It is
17 like our (school act is Horace Mann, Massechusetts)
18 and the same with our drug laws. They are
19 American, almost letter by letter.

20 PROFESSOR BERTRAND: Letter
21 by letter, you say. You have compared them?

22 MR. SIMMS: Well, I have
23 lived for three years in the United States,
24 I was a counsellor involved in Maryland for two
25 years, I have experience on both sides of the
26 border in that regard. I lived two years in
27 Yorkville and two years in Baltimore.

28 PPOFESSOR BERTRAND: What do
29 you consider this bankruptcy is?

30 MR. SIMMS: Well, clearly it is

any

1 created by/evidence that I can see, a complex
2 of illegal drug supply where quality is clearly
3 beyond any question and the indication of a great
4 deal of profit and of course what is even worse
5 is the fact that it is ruining the effect of the
6 law; the effect of the law on the person
7 who is caught is much much worse than the
8 danger or damage that the law violator is
9 doing to society. You don't put people in
10 jail for five years and not do them some
11 harm.

12 PROFESSOR BERTRAND: Would
13 you also consider the repeal of any law
14 which would also lead in its law enforcement
15 to criminal organization, to organized crime?

16 MP. SIMMS: I am sorry,
17 I don't understand this?

18 PROFESSOR BERTRAND: If you
19 say that your bankruptcy is defined by the very
20 fact that organized criminal distribution and
21 profit-making things is a factor on drugs, would
22 you also ask that we repeal all legislation
23 which leads to organized crime in Canada, if
24 it is bankruptcy?

25 MR. SIMMS: We will need
26 about as much law as needs to protect each of
27 us from each other and if that -- I must admit
28 that I am arguing from an extremely right-wing
29 position, I don't feel that law should exist
30 bevond what is necessary for clear protection

1 of society from the individual and the individual
2 from the society.

3 PROFESSOR BERTRAND: What
4 would you foresee in paragraph (c) on page 3
5 when you speak of the shift from the criminal
6 jurisdiction to the competency of the medical
7 profession?

8 MR. SIMMS: Dr. Jamieson
9 this morning, when he was telling you, said
10 that when he was treating people for drug
11 abuse, did not make clear something that I am
12 sure must be a problem to him, and that is
13 simply that he is dealing with these people --
14 he is dealing with people who have broken the
15 law and he always has conflict in his
16 professional situation as to whether or not
17 he should report these users.

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1 PROFESSOR BERTRAND: Yes.

2 MR. SIMMS: I, as a counsellor
3 within the ethics of my profession, have re-
4 solved this. That is, as a priest, I am willing
5 to undergo the penalty of the law to preserve
6 the countenance of my client. But I feel that
7 he feels this conflict, that he is dealing with
8 people violating the law.

9 PROFESSOR BERTRAND: But perhaps
10 I am not reading you well. Are you aware of the
11 other kinds of (inaudible) that the medical
12 profession can exercise in some areas of its
13 activities? I suppose you have read "Law, Liberty
14 & Psychiatry" by Thomas Sass or other books,
15 speaking of the commitments of the physically
16 sick or mentally sick person to some sort of
17 forced treatment.

18 MR. SIMMS: No. I don't feel this
19 is a proper position.

20 PROFESSOR BERTRAND: You don't
21 feel it is proper.

22 THE CHAIRMAN: You would be against
23 compulsory treatment.

24 MR. SIMMS: Yes. Except where it
25 can be shown beyond a reasonable doubt that this
26 person presents a danger to society. It is not
27 the judgment of one man supposedly certified in
28 his specialty.

29 MR. CAMPBELL: You made the state-
30 ment that the laws that we have are not British,

1 therefore, presumably must be American. Is
2 there any reason to think that they couldn't be
3 Canadian?

4 MR. SIMMS: Well, I feel, of course,
5 that we have a problem in that when the elephant
6 moves, we move with it. If it twitches, we move
7 with it. We have lost a lot of the philosophical
8 attitude that founded this country, I think by
9 the fact of the colossus beside us. In my view,
10 we have found that the amount of decency and
11 fairplay and as a consequence, willy-nilly accepted
12 the expertise of the American and adopted it as
13 ours. And of course, every time that we do, why
14 we give away a little bit of our own sovereignty.
15 It is clear in the structure and the operation of
16 the drug law that the hassling in Yorkville and
17 the students here being busted is not any different
18 than on the college ground or the community colleges
19 where they walk in and, at least there ---

20 MR. CAMPBELL: I am talking about
21 the law itself. Have you read debates in the
22 House of Commons regarding the passing of these
23 laws?

24 MR. SIMMS: No, I haven't. My view
25 is that the law is a question of sociology. I
26 know there is a brief to be presented later on
27 this afternoon that will deal with that aspect of
28 it more completely than mine. I am looking at it
29 from the point of view of the individual, and of
30 course, the point of view of the ethics of personal

1 relations. I suggest that our tradition out
2 of England is perhaps more viable ethically
3 than is the American.

4 THE CHAIPMAN: Dr. Lehmann?

5 DR. LEHMANN: What would you
6 consider to be a danger to society or others
7 beyond any reasonable doubt?

8 MR. SIMMS: Well, where it could
9 be shown that lack of control would lead to out-
10 breaks of some kind of social danger; outbreaks
11 of violence, outbreaks of activity against
12 persons, activities against the State, and so on.
13 I think in that situation perhaps we might limit
14 it. I argue it simply this way. I think the
15 thrust of this presentation is very, very simple,
16 really: that decent people who have some
17 regard for themselves don't need law. And those
18 that need it, the law doesn't do them any good
19 anyway.

20 DR. LEHMANN: Would you then feel
21 that there need to be no law?

22 MR. SIMMS: Essentially, yes.

23 THE CHAIRMAN: No criminal law?

24 MR. SIMMS: Essentially, yes,
25 except under that framework I stated; that is,
26 a clear/^{and} present danger to my property; that is,
27 to myself, my person.

28 DR. LEHMANN: Heroin would not
29 fall into this category?

30 MR. SIMMS: I feel in this sense,

1 looking at it from my point of view, counselling
2 someone who is an addict, I have a terrible
3 dilemma, because on the one hand I know it costs
4 this fellow \$50 to \$60 a day and I know that he
5 has no means of gaining \$50 to \$60 a day to
6 support this habit, and I know then that he is
7 going to have to rustle, some way or another,
8 \$200 of goods so that he can fence it and get
9 \$50 cash so that he can feed his habit, and I
10 know where he is going to get it. He is going
11 to get it out of my apartment, he is going to
12 get it out of my friend's home, he is going to
13 break and enter. He may get organized enough
14 as a personality to perhaps mug someone. There
15 are 10,000 addicts in the City of Baltimore,
16 which is a city larger in population than the
17 province of New Brunswick; 10,000. That means
18 that there is two million dollars of larceny a
19 day going on. While I was living there, why I
20 wasn't broken to, or why my apartment wasn't
21 broken into, I don't know, but I know lots of my
22 friends for whom it was. And it is worth it to
23 me, the dollar a day, and morally it is reprehensible,
24 to give that heroin addict his shots. I would
25 rather give him the dollar's worth of treatment
26 and the medical supervision.

27 DR. LEHMANN: If he wants treatment,
28 but if he doesn't want treatment?

29 MR. SIMMS: If he wants his treat-
30 ment, fine.

1 DR. LEHMANN: In your last
2 recommendation, you recommended that the drugs
3 that the public require be made available to
4 them under government control. What do you mean
5 by government control? Quality control? What
6 do you mean by "what the public require"? How
7 would you measure what the public require?

8 MR. SIMMS: Very simply. Someone
9 wants an ounce of hashish and they go -- here we
10 have a federal government building, just up the
11 street; and they go into the appropriate office,
12 they sign their name, their address, buy it, and
13 walk out. That is what I mean.

14 DR. LEHMANN: They just register?

15 MR. SIMMS: Just register. We do
16 this with chloroform or used to. If I want to
17 do away with a cat I can sign a register for
18 chloroform. I am not sure if that is the case
19 right now, but I know in my own past, this has
20 been so.

21 THE CHAIRMAN: I am getting quite
22 confused by your line of argument, Mr. Simms. I
23 understand, running through it is always a quali-
24 fication for dangerous substances. All your
25 statements are qualified. You say in case of
26 danger, then, of course, the law would be justified.
27 Do you recognize the State has a responsibility
28 to prevent the availability of harmful substances,
29 to control the availability of harmful substances?
30 Do you recognize any government responsibility there?

1 MR. SIMMS: I have never really
2 resolved that in my own mind totally, in one
3 way. I appreciate, for instance, the fact that
4 south of the border if you buy cornflakes that
5 all of the ingredients are listed on that box.
6 Whereas if you buy cornflakes here, they aren't.
7 I feel that if the information is available,
8 I think the people make the right choice. I
9 think if the information is not available, they
10 will make mistakes.

11 THE CHAIRMAN: The extent of the
12 State's obligation is to ensure there is proper
13 notice or warning as to harmful substances, but
14 the State has not got the responsibility to
15 restrict the availability?

16 MR. SIMMS: To interfere with the
17 availability. I feel the public in its infinite
18 wisdom will make the judgments; otherwise, we
19 merely advertise.

20 If you want to ensure that everyone
21 will turn on to grass, you arrest a popular rock
22 group, charge them, and everyone then thinks this
23 is the thing to do.

24 THE CHAIRMAN: Do you believe then
25 the State should not try to exercise any control
26 over the availability of new drugs for medical
27 purposes or any other purpose?

28 MR. SIMMS: No. That is right.
29 I don't want to have the responsibility of this.

30 THE CHAIRMAN: How does the State

1 ensure that proper notice or warning is given
2 if the State doesn't control the inspection or
3 quality of these drugs?

4 MR. SIMMS: I feel in that sense
5 they certainly can certify.

6 THE CHAIRMAN: Certify what?

7 MR. SIMMS: Its purity.

8 THE CHAIRMAN: How can they certify
9 it if they are not controlling the policy or not
10 controlling the licensing for any new drugs. They
11 are really admonishing the producers to give due
12 notice of the dangers. How does it effectively
13 affect their responsibility that way?

14 MR. SIMMS: This is perhaps one law,
15 not a whole plethora of law. The world is
16 changing too fast for us to have anything more than
17 the minimum written in law, because this Commission
18 has sat too long facing the problem that is in this
19 country now.

20 DR. LEHMANN: Would you then simply
21 insist that by law the production of thalidomide
22 would be quality controlled, but otherwise the law
23 would not interfere with the availability of it?

24 MR. SIMMS: That is right, yes, and
25 that women take this at their own peril. They took
26 it at their "not-known" peril recently.

27 MR. STEIN: What about the impli-
28 cations in that particular case, thalidomide; the
29 unborn child? Is there any responsibility that
30 the State should be concerned with here, in relation

1 to the consumption of a drug which may have some
2 effect on an unborn child?

3 MR. SIMMS: I am saying that the
4 mother who knowing it, takes this, that becomes
5 quite a different issue. Knowing this. I suggest,
6 however, she ought not to be presented with some-
7 thing dangerous without it being clearly spelled
8 out to her what are the dangers. She discards
9 the fetus in many societies willing enough, and
10 in some societies, at birth. So that to me is
11 a sort of minor ethical question.

12 THE CHAIRMAN: Yes, gentleman at
13 the microphone.

14 THE PUBLIC: I would like to make
15 a comment about the question you just asked him
16 about the responsibility of the State; if it
17 should have some responsibility to the control and
18 to the quantity of the drug of, say, thalidomide.
19 Well, in the same sense, in regard to marijuana,
20 shouldn't the State have some responsibility as
21 to what they are doing to the people they are
22 sending to jail for two or three months on charges
23 of possession of marijuana? Isn't this not a
24 responsibility of the State as well as to what
25 they do to the people's lives after; having a
26 criminal record, can't get across borders? What
27 about their future job opportunities? Social
28 handicaps? This is a responsibility of the State
29 too, once they have sent them to jail.

30 MR. STEIN: Are you suggesting that

1 the State should also have a responsibility in
2 the area that I asked Mr. Simms about? I take
3 it from your comment, you think the State should
4 act more responsibly in relation to persons who
5 are charged with possession of a drug. But my
6 question is not really answered by your statement
7 of another area of the State's responsibility.
8 What is your view about the State's responsibility
9 with regard to the question I asked.

10 THE PUBLIC: I think the State does
11 have a responsibility. I think you are having
12 difficulty understanding what Mr. Simms means. I
13 think the State--like he said, a person can go to
14 the federal building and obtain, say, a package
15 of marijuana for a price, but this is the only
16 outlet. It is State controlled here. They know
17 the quality of the drug. Perhaps they should know
18 more about the personal record of the individual,
19 his medical condition, his mental condition, and
20 personality. Maybe before he was given this
21 package, there was a reviewal of the candidate in
22 order to get this drug through that means.

23 But his point is valid, if they
24 state the dangers. Like the tobacco industry, now;
25 the same parallel here. We have marijuana. There
26 is no scientific information that says that marijuana
27 is harmful to my body. It doesn't say, or you can't
28 prove to me ^{that} by taking marijuana I will go to
29 another drug, a stronger drug. But we have
30 scientific information, and some of it is disputed,

1 that tobacco causes cancer, blood cancer, lung
2 cancer, stains your fingers, stains your mouth,
3 gives you bad breath, and so on and so forth.
4 But it has an effect on the individual and it has
5 an effect on society. People are smoking here
6 in this room. If I don't smoke, maybe smoke
7 bothers me. But it is not a criminal offence to
8 smoke. Why don't you put these people in jail?

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MR. STEIN: You have weaved away from the question but that is all right. I have one more question, Mr. Simms.

In relation to your point of view about the distribution under a government kind of control, would you retain criminal offences for these individuals who distributed the drug or thought of a distribution centre of the government, some sort of government distribution centre, like bootlegging in other words?

MR. SIMMS: If they could bootleg it in equal quality at lower prices, I would say fine.

MR. STEIN: One of the problems of course, is that there is no clear-cut understanding of what quality would go into a standard cigarette, but you gave me your answer.

MR. SIMMS: I think the marketplace would decide that very quickly. Every time you regulate me, you take away some of my liberty, you see, every time you put someone else in jail, you take away from my liberty. I am not a head, but I am terribly concerned with what I see happening in our experience, people I teach, the rigidity that is there, but needn't be there, and I say get on

1 with your job quickly.

2 THE CHAIRMAN: Thank you,
3 Mr. Simms.

4 Reverend Ian MacLean?

5 REV. MacLEAN: Mr. Chairman,
6 if Mr. Simms was nervous before he started, you
7 can imagine how I feel now. Just touching on
8 his opening remarks, and not necessarily being
9 critical of this panel, but the information that
10 came to me some three weeks ago, was like this.
11 The committee was to meet and they wanted
12 to know if I would like to speak before the
13 Commission and I said, you have got the wrong
14 man. I am no expert on drugs and I know very
15 little about the situation, but I was informed
16 that it was really very informal, it was
17 going to be just sort of a session, we would
18 just sit around and talk about the problem,
19 and I said, "Well, okay, I am for that", and
20 then you know, I witnessed this tribunal here
21 the last half hour and you know, somebody gave
22 somebody a bum steer.

23 MR. STEIN: Could I ask
24 you a question which I hope isn't too offensive?
25 Do you feel it is a tribunal if there is an
26 effort made to try and clarify as far as one
27 can an area which we all agree is very
28 laden with emotion, try for communication between
29 the Commission and those who sit there, to
30 make as clear as we can for ourselves and those

1 listening exactly what they need, or is our
2 process apparently not operating in that way?

3 MR. MacLEAN: I think it is
4 the physical set-up again. Maybe this does not
5 speak too much for the Commission, the fact
6 that we are here in this jury-like setting, let's
7 face it. My mental image was that we would
8 come and we would be in an informal group
9 discussion.

10 The question does not
11 particularly bother me, it is just the setting
12 and what it does to a person's whole reaction to
13 it, but this is just for the record and I will
14 proceed.

15 As a concerned individual
16 and as a minister in a congregation I find
17 myself being pulled in different directions by
18 the complexity of the whole "Drug Scene". The
19 question of Drugs and their place in modern life
20 can be discussed quite objectively by many
21 people whose points of view may differ -- but when
22 it is a matter of discussing, and facing up to my
23 son or daughter using drugs -- then objective
24 discussion becomes a panic-stricken reaction.

25 This is usually where I
26 find myself -- caught in the middle between
27 disbelieving parents and disillusioned youth
28 stranded in a vast communications gap. I can
29 easily sympathize with the parents and react to the
30 drugs as if they were inherently evil -- but I can

1 also easily sympathize with young people who
2 decide, in the midst of what seems to be
3 total confusion about the good or bad effects
4 of the use of drugs, that the only way to make
5 a judgment is to experiment. I can also
6 sympathize with their rejection of a generation
7 that seems totally dependant on alcohol and
8 tobacco but which denies them the right to
9 use other, and some "experts" would contend,
10 less dangerous drug.

11 It seems to me that we have not
12 honestly accepted the fact that more and more
13 we are becoming a drug culture. According
14 to yesterday's paper even the "innocent" aspirin
15 is now suspect and should be considered
16 dangerous. How can we expect anything but
17 total confusion on everyone's part and especially
18 on the part of the young who are particularly
19 adept at identifying our "hypocrisy" when we
20 become completely "up tight" about some drugs
21 but allow others -- namely alcohol, tobacco and
22 various medications for "aches, fever and dull-
23 throbbing pains" -- to be openly and
24 constantly advertised as part and parcel of
25 not only the healthy but the successful life?

26 Drugs have become a real
27 problem for us. In the case of those particular
28 drugs, like marijuana, which are illegal
29 to possess and use, we have a compounded problem.
30 There is the legal problem. How do we sternly

1 resist the crime and still treat the
2 "criminal" (who may be a professional pusher
3 or an experimenting young person) humanely and
4 with understanding? If we make legal what is
5 now illegal do we not run the grave risk of
6 suggesting it is not only legal but acceptable?
7 How successful have we been with controls on
8 alcohol? How successful can we be with
9 controls on tobacco if we ever come that
10 far?

11 There is, moreover a
12 medical problem. No one yet whom I have
13 heard or read is prepared to declare the use of
14 drugs to be free of after effects -- long term
15 effects. As a matter of fact a sizable medical
16 opinion suggests that the area is so uncertain
17 that a decision to encourage or continue the use of
18 drugs is irresponsible. This can be said,
19 of course, about many drugs which are now
20 indiscriminately used -- and this is why
21 "the establishment" is denounced as hypocritical
22 by young people.

23 In this whole question
24 of the use of drugs there is of course another
25 problem area, and that is the whole
26 area of social behaviour, of the solidarity of the
27 family and of personal morals and ethics.

28 That is to say that we
29 recognize the use of drugs to be a symptom
30 of very real problems at the core of social

1 family and private life. It bespeaks the
2 meaninglessness, the frustrations and fears, the
3 defeats and dissillusionment of many people
4 on both sides of that magic "30 years of age". In
5 some ways, then, the place of drugs in our life;
6 the dependency upon drugs which is prevalent
7 and becoming even more so; becomes a religious problem.
8 In fact -- for me and many others, that it
9 affects the life of man at all -- makes it a
10 religious problem. It confronts modern man
11 as but a new idolatry. It becomes a God of
12 escape, or kicks, or revenge or any number
13 of things, but it is less than life at its
14 best.

15 It is my hope then that
16 this Commission would help to unravel the
17 complex problem that confronts us in the Drug
18 Culture -- not bowing to irresponsible pressures
19 either to loosen controls or to intensify a crack-
20 down -- but to make us face up to the facts
21 and the forces which we have allowed by our
22 negligence and indifference to get such a measure
23 of control over our lives.

24 Thank you.

25 THE CHAIRMAN: Thank you,
26 Rev. MacLean. Are there any questions or
27 comments from anyone?

28 What do you feel should be
29 the role of the churches in relation to this
30 phenomena? What do you feel has been the role

1 of the churches?

2 REV. MacLEAN: It is
3 extremely difficult to answer "churches", because
4 that in itself is a very broad spectrum.

5 Perhaps the more well-known role of the church
6 has been a reactionary role, the belief-taking
7 approach, the teetotalling approach when it
8 comes to alcohol, cigarettes, cards, women.

9 I think the church or churches are struggling
10 very hard to approach this problem as a problem
11 for persons and of persons and with persons
12 and to be careful not to set down dogmatic
13 statements that either condemn the drug users
14 to hell or assumes that church is the same
15 as heaven.

16 The church is caught in the
17 same bind of knowing how to react to this
18 problem. I feel, as I have said, that we
19 haven't come to grips with it at all, or
20 confronted it at all.

21 THE CHAIRMAN: What are
22 your views about the cause and motivation?
23 When you say it is a new idoltry, God of kicks
24 and so forth, ^{it not} /does/ actually tell us

25 much about the-underlying causes
26 and relationships and these other aspects of
27 our society and its change. What is your
28 insight as a clergyman into the cause?

29 REV. MacLEAN: Well, as
30 a clergyman and a person involved in particular

1 situations, I would say not to any great extent,
2 not as much as I should be perhaps, even in
3 my own congregation, but in almost every case
4 there is also a breakdown of communications
5 in the home. There has been before the drug
6 scene, before this happened in any individual
7 home, there has been a breakdown in communication
8 between parents and children, whether we tie
9 this into the materialistic busy, busy world,
10 rush to get things and get places, mothers
11 and fathers working nine to five and out
12 afterwards, I think all of this is involved,
13 and really in this brief Brief, I am not
14 answering my own questions as much as just
15 asking them out loud and hoping that the
16 Commission will hear them. I may be able
17 to report back more of the same concern.

1 MR. STEIN: Have you been in any
2 way able to involve your church in some of the
3 efforts that I heard about this morning where
4 there were attempts in some direction of drug aid
5 centres where young people would be able to help
6 one another? Perhaps you weren't here this
7 morning.

8 REV. MacLEAN: No, I wasn't here.
9 The church, the congregation officially has heard
10 nothing on it and has done nothing about it.

11 MR. STEIN: Have you any awareness
12 of this kind of effort going on locally?

13 REV. MacLEAN: No, I don't. Just
14 what I gather from the grapevine, but not officially.

15 THE CHAIRMAN: Thank you very much,
16 Rev. MacLean.

17 THE PUBLIC: Mr. Chairman, excuse
18 me, since I made reference earlier this morning
19 in my remarks to the clergy, I would like to ask
20 him a few questions and perhaps let him defend
21 every church.

22 Now, you said that parents, mothers
23 and fathers, are concerned about the drug problem.
24 Now, I am specifically not only talking about
25 parents who don't go to church, but members of
26 your congregation, members of other congregations,
27 but that is true, isn't it?

28 REV. MacLEAN: Yes.

29 THE PUBLIC: Many parents, many
30 older brothers and sisters and relatives are really

1 concerned for their children and relatives for
2 fear that they are taking drugs, but they don't
3 really come out and talk about it with them, do
4 they? It is a fear. They hope Johnny doesn't
5 take drugs; "Gee, I hope he isn't with those
6 people", yet there is no dialogue here and what
7 they know about it is what they hear on radio and
8 on television, and what they read in the press
9 and in magazines and what members of the clergy
10 say to them on Sunday. Now, isn't it true that
11 to a large extent that the ministry prejudices
12 their audiences against drug takers by denouncing
13 them, denouncing the fact that, you know, we are
14 becoming a pill society, drug prone society;
15 things like this. There is no basic understanding
16 or communication from the minister to his con-
17 gregation saying, "Well, look, we have got a
18 problem here. How are we going to fix it? What
19 is our position? We can't go against these
20 people from the pulpit. don't ^{they} preach love, joy,
21 peace, understanding, the way of Christ," and so
22 on and so forth?

23 But when ministers do this, when
24 they hit out at people that do drugs, you know,
25 it is just because they take drugs, by saying
26 this thing, we are a drug prone society, pill
27 takers, and so on and so forth. This prejudices
28 your audience. They go away thinking, "These
29 damn pill takers, these hippies, these Panthers,
30 these C.S.D.S. people, they are trouble makers;

1 they are trying to destroy society."

2 Now, in effect, what you do is
3 destroy that base of love, joy, peace and under-
4 standing. So they go home, they beat their kids,
5 "Don't you take drugs, don't you hang around with
6 those people. I don't want to hear tell of you
7 mixing with those people." So right from the
8 church, to the home, to the child, to the people,
9 you have a complete breakdown of communication.
10 Fear coming from the pulpit, fear coming from the
11 parent, fear coming to the child, and that fear
12 goes back into the school with the teachers and
13 the administrative people. So there is no
14 understanding, there is no way to cope with the
15 problem, but it is a problem.

16 REV. MacLEAN: May I respond before
17 you go so far as to forget what you said.

18 Initially what you say is true,
19 partly at least. I would question if even the
20 church has gone so far as to speak about drugs
21 and all the other things from the pulpit even in
22 a condemnatory way. If the church even recognized
23 it to that point at least we would be getting
24 somewhere and people might at least start asking
25 questions, but most churches, you know, as far as
26 I know, most ministers have not tried to deal with
27 the question at all publicly from the pulpit.
28 Now, it may be that when some do, this is the way
29 it may come out. From what you say I gather you
30 get your religion from either the radio or the TV

1 which is not the best place, believe me.

2 THE PUBLIC: May I assist you? I
3 get my religion from church.

4 REV. MacLEAN: Fine. If you get
5 your religion from church, and if you feel it does
6 not agree with you and if you go to the priest,
7 pastor, rabbi, as it may be, you know, I think you
8 will find this concern. I think you will find
9 this willingness to listen and to be open and to
10 hear. I don't think ministers, priests, rabbis,
11 pretend to be without prejudice in this area. Let's
12 face it, we are running scared.

13 THE PUBLIC: Do you think members
14 of your congregation really love the person who is
15 taking speed and is dying in a hospital? Do they
16 really love him? I am talking in the Christian
17 sense. Do they know what love means, really?

18 REV. MacLEAN: I hate to say "no
19 comment", that sounds too trite. I can't say,
20 "Sure, they do" either. I think people who know
21 that person who may be dying in the hospital,
22 parents, the family that you spoke of who may be
23 Sunday by Sunday church attenders, know exactly
24 what it is to suffer and to love that person. The
25 trouble is that the people in the pew ahead or
26 the pew behind may not even know he is there
27 dying in the hospital because no one dares to
28 talk about it. It is a very closed question.

29 THE PUBLIC: Take away from society
30 doctors, psychiatrists, people from the medical

1 profession, psychologists, any trained personnel
2 except clergymen. Now, with the clergymen,
3 can they help a homosexual, help a drug addict,
4 help a prostitute? Can they really give him that
5 help?

6 REV. MacLEAN: It depends entirely
7 on the person's training and ability. You can't
8 talk about clergymen in a blanket statement any
9 more than you can talk about psychiatrists or
10 doctors, neither one of which may be able to help
11 an addict at all because of his own personal hang-
12 up. You can't take one group and say the clergy
13 can help here and cannot help here.

14 THE CHAIRMAN: Thank you, Rev.
15 MacLean.

16 I call now on Mr. Gillis, Executive
17 Director of the New Brunswick Teachers' Association.
18 I apologize to Mr. Hatfield of the Conservative
19 Party to keep you waiting beyond the hour that we
20 thought we would hear from you. Thank you. I hope
21 it is not too inconvenient.

22 MR. GILLIS: Mr. Chairman, members
23 of the Commission, ladies and gentlemen. First of
24 all, I must correct my title. I am Deputy Executive
25 Director of the New Brunswick Teachers' Association,
26 and my superior might be a little concerned if I
27 usurped his title.

28 THE CHAIRMAN: I think that exceeds
29 our terms of reference.

30 MR. GILLIS: I am caught in something

1 of a quandry, Mr. Chairman, in that initially
2 it was not possible for the Association to get
3 their brief together early because of a variety
4 of reasons, but we did contact the Secretary of
5 the Commission and he suggested when we did that
6 we might make the presentation at this time.

7 Now, you have before you a copy of the brief we
8 are submitting. I will certainly not read it
9 through because I am sure you don't want to spend
10 that much time on it. I shall try to refer to
11 what I consider relative points in it.

12 First of all, I want to say that
13 the New Brunswick Teachers' Association welcomes
14 this opportunity to present some views on the non-
15 medical use of drugs, particularly since members
16 of the Association, who are principals and teachers
17 in the public schools of the province, have as
18 their primary professional concern the quality of
19 service rendered and the welfare of their pupils.
20 They therefore are particularly concerned about
21 the non-medical use of drugs by young people.

22 In this brief we will confine our
23 discussion largely to those aspects of the non-
24 medical use of drugs which have a direct bearing
25 on students in the schools and on the kinds of
26 educational programs which schools might offer to
27 alleviate some of the problems. Since we consider
28 the opinions of students to be highly relevant,
29 we shall devote much of the discussion to an
30 analysis of student opinion. We shall also offer

suggestions made by teachers.

Now, in order to get ideas on the position of members respecting the non-medical use of drugs, the Association communicated directly with a selected number of principals and guidance officers, encouraging them to involve others in their work in requesting statements or briefs to be submitted on the topics of your investigation. A number of these people did respond, and as a result, we were able to go ahead with this brief.

One guidance officer, believing that anonymous replies to a carefully prepared questionnaire on drugs and drug usage would yield more truthful and accurate information than individual or collective opinions of students, designed a questionnaire and with the co-operation of teachers and students, administered it to students and a few teachers in the school. The guidance officer then forwarded the complete questionnaire to the Association, stating the personal belief that the questionnaires reflected the attitudes, values and opinions of youth.

When we received these, we examined the questionnaire and decided that it would be valuable to replicate it in another school, in another urban area of the province.

It should be pointed out that the procedures followed in preparing and particularly in administering the original questionnaire were such that it was not possible to generalize from

1 the findings.

2 So in a sense I am tuning off the
3 question you are going to ask later, Mr. Chairman,
4 from what I heard this morning. It should be
5 noted that to replicate the survey in the second
6 school required a repetition of the earlier pro-
7 cedures which I have already said were inadequate
8 in that no random sampling was done. But I think
9 I should mention to you in the next section here,
10 how we arrived at what we arrived at.

11 It should also be noted that the
12 main purpose of the survey was not to determine the
13 actual extent of drug usage or non-usage, but to
14 elicit information on a variety of questions related
15 to these matters. In the analysis, though, we do
16 divide responses into users and non-users and in
17 the tabulations which you will find in the section
18 of the brief, we show what both groups have to say
19 in response to a good number of questions which I
20 consider to be particularly important ones from the
21 point of view of student opinion.

22 The survey was conducted in two
23 secondary schools. The initial questionnaire was
24 prepared by the guidance staff in School A and
25 was administered to a selected group of 92 students
26 in that school. No attempt was made to administer
27 the questionnaire to the random sample of students
28 in the school. I am repeating myself, but I think
29 it is an important point. The guidance officer
30 met with members of the school staff and requested

1 teachers who wished to participate to select
2 five students they believed would give honest
3 answers to the questions asked. This was the
4 only criterion to be used in the selection of the
5 participants, not their academic standing or the
6 possibility that they might or might not be using
7 drugs. Roughly the same procedures were followed
8 in School B. The secondary school/^{was}located in the
9 different area of the province with two minor
10 differences. The home room teachers in School B
11 were selected at random. They volunteered in the
12 former school. And an additional question was
13 added, a question concerning how drug users
14 finance their drug purchases. And I think it is
15 rather unfortunate that this question had not
16 been asked in the former situation.

1 MR. GILLIS: Now we have
2 tabulated here all the questions and all the
3 responses for school A and school B divided
4 into users and non-users in each instance.
5 As I say there is not much sense in reading
6 to you a bunch of questions and answers and
7 tabulations.

8 In our analysis of the
9 results we tried to tie together some of the
10 areas in which student opinion might offer some
11 information and you will find that we have
12 analysed answers under a few general headings,
13 one is motivation, another knowledge of drugs
14 and their effects, attitudes towards drug
15 usage, availability of drugs and I think it
16 was interesting to me to find that non-users
17 apparently considered drugs to be more readily
18 available than users do.

19 Relative positions re drugs
20 and alcohol, knowledge^{of} and opinions on the drug
21 laws, and this is interesting that a great
22 number of students indicated that they had
23 pretty good knowledge of the drug laws, but
24 later when they were asked for maximum sentences
25 for those using marijuana we got a great variety
26 of responses.

27 I will read this one for
28 the press:

29 The majority of users in
30 school A believe that the mass media encourage

1 the use of drugs. The majority of users
2 in school B do not. The answers of non-users
3 follow the same pattern for both schools.

4 A large number of both users and non-users in
5 both schools, however, do not believe that
6 the mass media encourage the use of drugs.

7 We went on to get something of their attitudes
8 towards participation in this survey, and
9 almost all of them were "happy to participate"
10 although a few people indicated that they
11 didn't really want to do it.

12 It is interesting that
13 one question asked was, "Did you give honest
14 answers to the best of your ability", and
15 nobody stated that he was not honest in his
16 response, but one question,
17 the inclusion of this question and probably
18 for good reasons.

19 Responsibility of the
20 school and educational system, financing
21 drug purchases. This was touched upon
22 earlier. The questions were asked of the
23 students in school B. Unfortunately it should
24 also probably have been asked in school A,
25 since socio-economic factors in each
26 community could have considerable bearing on the
27 findings. In school B many of the
28 respondents stated they get the necessary
29 money by working at part time jobs, another large
30

1 group indicated that they get it from parents,
2 pocket money, and a third large group stated
3 that they are supplied drugs by users and
4 they get them free at parties.

5 No student stated that
6 they got the necessary money by illegal
7 means. Two said that they pushed to get
8 money -- maybe I am contradicting here --
9 two said that they pushed to get money
10 and one of these qualified the statement
11 by saying, "when I was addicted, I pushed."
12 Whether that implies that this student is
13 not presently addicted, I don't know.
14 We didn't attempt to compare the two schools
15 because we didn't find any great difference
16 although I have mentioned with respect to the
17 news media, one said they encouraged the
18 use of drugs and the other didn't, but I
19 thought perhaps the Commission might be
20 able to use these things at some other time,
21 rather than at this hearing.

22 Now in respect to teacher
23 opinion, as far as we can determine, teachers
24 are greatly concerned about the non-medical use
25 of drugs, or at least they say they are.
26 I am recognizing that there are those who
27 will say that what teachers say and what teachers
28 think are two different things, and it may
29 be true of all people in society. The
30 teachers would submit a brief and statements --

1 oh yes, I forgot to say that a few of the
2 teachers in the first school also completed
3 the questionnaire, but these were not lumped
4 in with student responses and their ideas
5 appear in this teachers' opinion section.
6

7 Those few, who completed
8 questionnaires indicated that the problem of
9 drug use is a matter of ^{educational} responsibility
10 although a few teachers like a few students
11 tend to believe it is the responsibility
12 of the home and other institutions rather
13 than that of the school.
14

15 And I might go back to the
16 student opinion here. A great number of
17 students said it is none of the school's
18 business, flatly, although again, mind you,
19 I must say we can't generalize from these
20 particular respondents, we can get some idea
21 of what these students thought.

22 THE CHAIRMAN: I want to
23 understand that at page 23 of the brief, Mr.
24 Gillis, you say that although a few teachers
25 like a few students tend to believe that it is
26 the responsibility of the home and other
institutions, rather than that of the school.

27 I just understood you to
28 say a great number felt it was not the school's
29 business, is that right?
30

MR. GILLIS: Yes, a

1 great number said it was not the school's
2 business,^a smaller number said it is the
3 business of the school and we are talking about
4 only a few who say that the school -- I see
5 what you mean -- maybe it isn't well
6 stated.

7 THE CHAIRMAN: I just
8 want to clarify and make sure I heard you
9 clearly the second time.

10 MR. GILLSIS: You
11 probably heard me correctly and I am not sure
12 if I stated it correctly or not for drug education.

13 THE CHAIRMAN: It is a
14 rather important point, I think.

15 MR. GILLIS: I think
16 it is too. I may have to go back on this
17 point to the actual question asked, or to the
18 summary of the responses. Maybe, Mr. Chairman,
19 if I read it, it will help.

20 "Both users and non-users
21 see a role for the school and school system
22 to play in drug education, although a
23 surprisingly large number in both groups state
24 that it is not the school's business. Major
25 suggestions as to how the school should proceed
26 in providing such education revolve around
27 balanced programs (pros and cons) of films,
28 discussions, literature and expert consultants."

29
30 And I go on here to indicate

1 the kinds of programs they are interested in.

2 In general non-users seem to have more faith
3 in the ability of schools to deal with drug
4 education than users have, which really isn't
5 surprising or at least wasn't surprising to
6 me, but I didn't mean to say only a few students.
7 I think in terms of actual numbers there
8 was a small proportion of this school, but a
9 few teachers did, out of a smaller group of
10 teachers that we worked with.

11 I would like to say, Mr.
12 Chairman, this: many teachers feel
13 frustrated in the face of drug problems.
14 For example some teachers have stated that in the past
15 they encouraged students to talk about their
16 problems and they offered counsel based on
17 their wider experience, their maturity and
18 their more extensive education. When it comes
19 to drug usage, however, they face two very
20 difficult situations. First, they do not have
21 the necessary knowledge and experience to discuss
22 drugs effectively; and, second, because of the
23 criminal nature of drug use for non-medical
24 reasons, they do not dare learn that a
25 particular student is using drugs. This makes
26 them feel rather ineffective, since they consider
27 their function to be that of aiding in the
28 development of the students' full potential.
29 The problem is even more pronounced for guidance
30 counsellors, who work in the field of individual

1 as well as group guidance.

2 It creates a sort of legal
3 dilemma for a good number of these people.
4 We haven't made any recommendations from this
5 but we did want it pointed out.

6 We go on from there, Mr.
7 Chairman, -- oh, yes, I would like to make one
8 more point. There is a widespread belief
9 among teachers that the school cannot and
10 should not attempt to deal effectively with
11 those students who already use drugs on a
12 regular basis. In other words, the programs
13 they suggest are largely preventive programs,
14 and I noticed in the discussion this morning,
15 borne out by both teachers and students response
16 that we got in our survey, that it is suggested
17 that such programs begin early in the school
18 system. Many of the students felt that
19 after grade 10, why bother, and I think that
20 is probably an interesting point.

21 We go on to outline a
22 suggested drug education program and in view
23 of something that was said this morning, I will
24 read this section.

25 "Our teachers see the non-
26 medical use of drugs as a nation-wide problem.
27 Although some communities in Canada suffer from
28 drug usage to a greater extent than others, the
29 nature and complexity of the problem is such that
30 Provincial authorities should consider the

1 matter of drug education outside the context
2 of Section 93 of the BNA act and should agree
3 on a national drug education policy and
4 program."

5 Now, our teachers consider
6 that to be an important consideration. We
7 would not want to see drugs left out of the
8 school programs in any province because the
9 province said, well, our education is a matter
10 of provincial jurisdiction, and of course
11 this will tie in with Mr. Simms' remark
12 with respect to the inter-departmental
13 brief received this morning. We too
14 suggest that the federal government should
15 participate in the cost of such programs.

16 I have outlined here
17 briefly ---

18 THE CHAIRMAN: Excuse me,
19 this is a very important point. I wanted to
20 ask this question.

21 As I understand the
22 recommendation made this morning and made again
23 now is that there is a role for federal
24 government in the development of drug education
25 materials, but it would still be a matter of
26 provincial jurisdiction, would it not, as to
27 the extent to which these materials might be
28 used, or the use might be encouraged by
29 all schools?

30 MR. GILLIS: Yes, maybe I should

1 have gone ^{on}/here. We suggested that a
2 program be set up at a national level and
3 materials be developed and particularly research
4 findings be provided in a central depository
5 from which the provinces would draw, and we
6 even go a step further and say that then when
7 it comes down to a provincial level, there
8 must be a provincial structure, so that the
9 local schools can adapt programs and materials
10 to local needs, because it is actually at the
11 individual's school level that we feel
12 implementation of any drug education policy
13 will be effective. The other super-
14 structure facilitates this at the local school
15 level, but we do see a role for federal
16 government, the provincial government, the
17 local Boards of School Trustees and the local
18 teachers.

19 I think we might differ
20 slightly from what was said in the governmental
21 brief this morning. I have to be careful,
22 some of these things are opinions, they
23 are ^{not}/policy passed by every member of our
24 association, and I should point that out,
25 some of these things. But many of those
26 with whom I have discussed this situation do
27 not believe that any program should try to
28 make any teacher an expert on drugs, and this
29 is why we say that there should be small
30 groups of teachers trained especially in drug

1 use and knowledge of drugs and given
2 consultants, paid consultants, to work with
3 them, and then go back to work in these
4 schools, we do not suggest and I think maybe
5 we are at odds with the recommendations of the
6 provincial government, we do not suggest
7 the massive programs for teachers. I think
8 that in the individual schools, that teams
9 with some special knowledge with respect to
10 drugs might work with teachers as well as
11 with students.

12 Substantially, Mr. Chairman,
13 our recommendations -- not even that, they are
14 suggestions; they are not so firm as
15 recommendations, cover the matters that we
16 have already spoken of.

17 I would like to refer to
18 our number 10, on page 30, "Because students
19 are so directly affected by any action taken
20 in respect to the non-medical use of drugs, it
21 is suggested they be involved wherever possible
22 in the development and operation of drug education
23 programs."

24 THE CHAIRMAN: Do you have any
25 ideas as to how these students can be effectively
26 involved; have you ever had any experience with
27 this or seen it done?

28 MR. GILLIS: We have been
29 making a small move in this direction in certain
30 schools of the Province where students are being

1 involved to some extent in developing new
2 approaches to school programs. I would
3 say on the average, students have not been
4 greatly involved. The programs have been
5 developed Provincially, sometimes adapted
6 locally, but often simply the Provincial
7 program used locally.

8 But I recently attended a
9 seminar of principals in a large area of the
10 province where I learned that a great number of
11 schools had appointed school student staff ready to
12 deal with a great number of problems in the school,
13 and I would see this business of drugs fitting into
14 that pattern. It would work in those schools
15 where steps had already been taken, I think, in
16 other procedures, and could be developed.

17 MR. STEIN: Could you
18 indicate the concern of the teachers in relation
19 to their ability to teach or even to discuss
20 the matter as long as the drug laws as they stand
21 now, prohibit drug use and make it an illegal
22 situation? I note in your suggestions that
23 you make no reference at all to the legal status
24 of the drugs.

25 MR. GILLIS: Right.

26 MR. STEIN: Do you have
27 any personal views?

28 MR. GILLIS: Right. This
29 is where I stated many of our members were not
30 responsible in the actual production of this

1 brief and I deliberately avoided that,
2 because personally I don't really feel competent
3 to do other than report to the Commission that
4 teachers do have and are concerned that they
5 could, that in trying to do what they feel
6 they should do for their students, they
7 could conceivably be in some way breaking the
8 law, but we did make the recommendation in
9 respect to it.

10 MR. STEIN: Has your Teachers'
11 Association ever attempted to get legal advice
12 on this question, as to what their relationship
13 to the law in this kind of matter would be?

14 MR. GILLIS: Not in
15 this specific matter, no.

16 THE CHAIRMAN: There is
17 apparently a rather important issue here
18 in which there seems to be some difference
19 of opinion today, and that is this question
20 of whether drug education is to be regarded
21 as a separate part of the
22 curriculum, carried out by specialists or
23 whether it is to be in the physical and health
24 education areas. I understand your
25 recommendation is that it requires some degree
26 of specialization and that would follow that
27 people would come in with a special program
28 and would identify it as such. What are
29 your feelings about the other point of view
30 expressed this morning?

1
2 MR.GILLIS: This
3 morning, someone mentioned sex education
4 and in the past we have had considerable
5 difficulty in making every teacher a sex
6 specialist. I think the same difficulty
7 arises in respect to drugs. I think the
8 people who are going to counsel students
9 effectively would have to be very special
10 people, I mean specially trained. They
11 would have to be able to -- let's put it
12 another way, and I am expressing a personal
13 opinion, Mr. Chairman.

14 I would not want some
15 teachers I know to mention drugs to some
16 children and I think this is just because
17 teachers, and I give them credit for being
18 human you know, which many people don't, but
19 teachers too have individual differences
20 and some teachers don't relate that well
21 with people and it is possible that they could
22 very well, I suppose, inject a highly moralistic
23 attitude towards the whole question, and if
24 they turned the kids off, then we really
25 wouldn't be accomplishing anything. This is
26 why I tend to favour a more specialized approach
27 although I have no quarrel with putting it in
28 the physical and health education section
29 of the school program, but I think it should
30 probably go beyond that in this area of
counselling and so on.

THE CHAIRMAN: Thank you.

Professor Bertrand?

PROFESSOR BERTRAND: I

was really very interested by some of your findings. For instance, in answer to your question 25 and to your question 14, which both deal differently with the matter of why don't we use drugs. Why are we reluctant to use drugs? Users and non-users gave answers to that. If I added correctly there are seventy-seven users and one hundred and twenty-four non-users. So in each case the harmful effects was much more important than the fact that the drug use is against the law, much, much more important?

MR. GILLIS: There weren't that many who indicated because it was against the law.

PROFESSOR BERTRAND: No, it was a very small minority. The second thing that interested me was this question of motivation on question 9. The main motivation is for the users to add to experience, not out of curiosity, which is what has been put forward to us. This is a new thing for me, and I am very much interested in this.

MR. GILLIS: It is rather surprising and to me it was surprising that perhaps the fourth one, pressure by friends, didn't have a much greater response than

1 it had. But maybe in the teenage culture
2 there is no real awareness that there is a
3 general pressure to be a part of the peer
4 group type of thing, so that might be why
5 it wasn't. But curiosity, surprisingly
6 enough, was not so great.

7 Now, I must point out
8 that many of these questions were open-ended
9 and it took a long time to try and compress
10 them into some kind of reasonable tabulation.
11 You had in that, to add to experience, and
12 this may have been said in a dozen different
13 ways, but this was substantially what the
14 response was.

15 PROFESSOR BERTRAND: But
16 then again, this question of the knowledge
17 of drugs, you feel you have a good knowledge,
18 the users, 57 out of a 100 say yes. The
19 non-users, 71 say yes and 53 say no. By the
20 way, it doesn't add to one hundred and
21 seventeen.

22 MR. GILLIS: There are
23 a few instances of non-user responses.
24 Apparently there is an error. It is unfortunate
25 it happened, because I am well aware if an
26 error appears in one point somebody considers
27 everything you have said as being suspect.

28 THE CHAIRMAN: We are
29 certainly not the ones to suggest that.

30 PROFESSOR BERTRAND: Not

1 at all. But I guess coming back to one
2 of the Chairman's points, one question that
3 is very very important for us, is the
4 question on, would you welcome some scientific
5 information regarding different drugs and
6 their possible effects? And then non-users
7 come out with 57 out of 77 say yes,
8 users, and non-users, 84 out of 104, which is
9 very important. It is a vast, vast majority
10 that say, "We would welcome ---".

11 MR.GILLIS: Of the
12 students that participated in this thing only.
13 It could be a very badly skewed opinion
14 really, because of the selection process.
15 Although I did point out that the first
16 guidance officer suggested that these were
17 representative of the young people's thinking.

18 THE CHAIRMAN: I probably
19 shouldn't ask this question, Mr. Gillis, but
20 I can't resist the temptation. What were
21 the criteria, if you had them at all, for
22 determining whether a student was likely to
23 be honest with his answers?

24 MR.GILLIS: I don't
25 imagine any scientific criteria were applied.
26 I think the teachers tried to think that they
27 know students quite well and that certain
28 students -- I know from my own teaching
29 experience that I wouldn't hesitate to say
30 that certain students would be likely to tell

1 the truth because these students you know,
2 are not failing in favour, they are very blunt
3 in their things, and they tend to say what they
4 think, and they might very well be the ones
5 who disagree quite vehemently with a teacher
6 in the classroom and you might suspect
7 that others who would be disagreeing, but they
8 wouldn't show honest, forthright disagreement.
9 The criterion is suspect.

10 THE CHAIRMAN: Any other
11 questions?

12 THE PUBLIC: A point that
13 Mr. Gillis has raised, or has had raised
14 by Professor Bertrand, I almost felt that
15 I should go over and pick it up.

16 It was asked of the
17 Commission, of the Reverend Mr. MacLean and
18 although I did not include it in my brief
19 I had it included in the twenty-two page
20 version that I was first going to do, until
21 I rewrote the whole thing on Monday, and I
22 think that perhaps from my point of view,
23 as both a counsellor, since it relates exactly
24 to this question and to the question that has
25 been asked by the Commission, on drug use,
26 I ought to react to it. Sociologists will
27 be giving you any number of theoretical
28 concepts as to youth and concern. It is
29 enough for me to remind you that man is a
30 self-actualizing being and society prevents him

1 from realizing his potential only at its
2 own peril. If the individual is not
3 aware of what he might become or might have
4 been, then he has no problem other than
5 keeping alive. But this is not phenomenally
6 possible for man. He knows what he might
7 become and he knows what he might have been
8 and he realizes too well the discrepancy.

9 Accordingly to a greater
10 or lesser degree he searches for release
11 from this conflict. We see evidence of this
12 everywhere. Fifty years ago in the Bahamas,
13 economic reverses left some of its out-island
14 population so demoralized that they sank into
15 a rum culture where everyone of all ages
16 stayed drunk for as long and as often as
17 possible. Here in New Brunswick years
18 back the lumbermen, after a winter of the
19 most horrible, brutalizing conditions, arrived
20 in town to blow their whole poke on a vast
21 drunk from saloon to saloon. The practice
22 suddenly ended with our prohibition. We
23 still are rationally afraid of alcohol in
24 this province as our barbaric drinking customs
25 are evidenced. The lady on the panel
26 legally can't have a draught -- glass of
27 draught beer in this province.

28 Again, as our barbaric
29 drinking customs evidence, we know that
30 conditions in this province are still very brutal.

1 It is not without reason that our youth,
2 as one of my students this morning and this
3 afternoon -- he will get a grade I think as a
4 result of this. It is not without reason
5 that our youth are notoriously heavy and
6 irrational drinkers. I have been away
7 five years and I had forgotten how hard they
8 drink up the hill. I am glad I am not a
9 student. My liver would have collapsed by
10 now. They are heavy and irrational drinkers
11 and they have adopted very quickly the drug ab-
12 use of the rest of the continent.

13 My impression is they will
14 drink anything, provided someone else is
15 drinking the same thing, and what is worse,
16 they will smoke or take any drug provided
17 their peers certify it. They won't believe
18 adults and all they have ever got from them
19 in the past has been bad trips.

20 Personally I was lucky
21 and my home was such that no one ever tried
22 to force an opinion on me, but I was taught
23 to make my own decisions and live with them.
24 As a consequence when it was legal to
25 possess vast quantities of LSD, I had my
26 refrigerator full of it for a month.
27 But I have never used it. In my judgment,
28 I have got too much operating here, you know,
29 I have got a big financial stake in it.
30 I am not going to fool around with. Someone

else may make a totally different judgment.
My father doesn't drink. But he doesn't
object to my drinking providing I realize the
consequences of it.

1 Many of our youth
2 today have been given that same opportunity,
3 but also many others have been raised in an
4 arbitrary, unmeaningful, brutally judgmental
5 environment. Some of our schools qualify for that
6 indictment. To these latter people proscription
7 is challenge, warning adds spice to the challenge,
8 and the consequences of their actions are meaning-
9 less. They have nothing to care about, so low is
10 their feeling of self-worth.

11 THE CHAIRMAN: Thank you,
12 Mr. Simms, and thank you, Mr. Gillis.

13 I would like to call upon
14 Mr. Hatfield. If you would like to -- go ahead while
15 Mr. Hatfield is being seated.

16 THE PUBLIC: In relation to teaching
17 and the law, one of the reasons why students won't go up
18 to the teacher and talk about it is because of the law
19 here in this Province. Recently the Supreme Court of
20 New Brunswick passed a decision in which it stressed that
21 the most important thing about the drugs was the deterrent
22 aspect and not the rehabilitation aspect. It gave
23 out information, reasons for those positions, and
24 any person of average intelligence or even sub-
25 average intelligence was ready to tell you those
26 reasons were inaccurate if not totally wrong.
27 Now the courts in this province have taken up the
28 decision and recently in Moncton one person was
29 given five years for possession of marijuana and
30 the learned judge stood up and said that marijuana

1 was the curse of the affluent society, and he
2 also stated that he had taken into account that
3 the person had been given nineteen months, the
4 maximum sentence for trafficking in LSD. Also,
5 the person was trafficking in hashish, and he
6 received five years. And when the person broke
7 down at the end of the trial and said to the
8 judge, "You are out of your mind", the judge
9 quickly came back and said, "I'm not out of my
10 mind, you are out of your mind and maybe the
11 people who you trafficked the hashish to.

12 Now, when you have these laws in
13 this province which are not based on any kind
14 of evidence at all, they are based on the belief
15 of one judge, or two or three judges, who sit on
16 the bench, who are old and will never come in
17 contact with young people or people who take
18 drugs, then you have the problem that the person
19 who takes drugs cannot go to another person
20 or professor and talk to a person about drugs
21 because he is afraid that if that person should
22 mention it to the law, he risks the possibility
23 of spending the next five years in jail because
24 New Brunswick's Supreme Court has decided that
25 it's not worth rehabilitating them, throw them
26 in the clink for five years, leave them there
27 and don't worry about them.

28 Now, I think the important thing
29 that this Commission has to recommend to the
30 government is that it tells their judges, tells

1 the law that the decisions that they make, and
2 especially the reasons for their judgments are
3 based on medical, sociological, and all the evidence
4 that is available. Now, if they take the evidence
5 that the drugs are illegal, it's OK as long as it is
6 backed up by evidence, but saying it is the curse of
7 the affluent society without any kind of proof to back
8 it up and sentence the person to five years in jail, I
9 think it is insane. I think the judge is insane. He is
10 the one who should be placed in jail instead of that
11 person because that person who is going to jail for five
12 years, if anybody could be sensible about what is going
13 to happen to him in prison, the chances are he is going
14 to come out of there as a criminal. The person who is
15 responsible for that is not as responsible himself as the
16 judge in the Supreme Court of this Province which has
17 decided that rehabilitation is not important, just
18 throw him in the clink.

19 THE CHAIRMAN: Thank you.

20 Mr. Hatfield?

21 MR. HATFIELD: Chairman, Commis-
22 sioners, if it is possible, I am not speaking in an offi-
23 cial capacity but personally. I first became aware of
24 the use of marijuana particularly in significant amounts
25 in this province in the fall of 1967. Shortly after
26 becoming aware of it and convincing myself that
27 it was widely used, I began to carry out in a
28 very informal way, an investigation into this
29 situation. I have spoken out about it on
30 several occasions and I have also spoken to a
great many young people in New Brunswick and

1 outside New Brunswick, people who have tried
2 drugs, talked to people while they were under
3 the influence of a variety of drugs, and I have
4 also talked to young people who have never used
5 them. I consider this to be a very serious
6 problem in the province of New Brunswick. I
7 think that I have come to the conclusion that
8 every child in New Brunswick today, before he
9 reaches adulthood is going to have to make the
10 choice as to whether or not he is going to use
11 drugs because they are available in this province
12 and will be available to that child.

13 My main purpose in coming here is
14 that -- while I read extensively about this
15 situation and talked to a great many people about
16 it, what I have come up against is a great deal
17 of obstructions, uncertainties, conflicting
18 opinions, facts that appear not to be facts; non-
19 facts which appear to be facts, and I want to
20 urge on the Commission only one thing: That they
21 take advantage of the preliminary report which
22 they are making to the Prime Minister, and one
23 thing is certain in this field of uncertainty
24 and that is that we must have more research.
25 I think this is extremely important, but more
26 than that, I think it is urgent, and I would like
27 to see and suggest that the federal government
28 establish a federal council of drug research
29 and this council be set up as quickly as possible,
30 that this council be given sufficient funds to

1 carry out research of their own, as well as
2 collective research that has been done in other
3 areas of the world, and that also they act in
4 a sense as arbitrators of the research that is
5 being done so that they will be able to defend
6 and justify the conclusions which they may reach.

7 I think that this federal research
8 drug council should be given money in relation
9 to the urgency of the problem and the importance
10 of the problem, and, as I said, I attach a very
11 high priority to it.

12 Just as an aside, I would like to
13 say, in view of the fact that Professor
14 Bertrand has brought it up, that in talking with
15 young people I too have been impressed with the
16 fact that they have put a great deal of emphasis
17 on experience, and I too have come to the con-
18 clusion that it is not curiosity in the sense
19 that they are curious about the drug, but they
20 are curious about the experience. And, as you
21 heard this afternoon, the young man who said that
22 the importance of LSD is not the trip itself,
23 but is the memory of the experience. In talking
24 with young people all over, this is the word that
25 keeps coming up all the time, the importance of
26 the "experience", having a new experience, and
27 so on.

28 Again, I think the pressure is to
29 have a new experience and try a new experience,
30 and I think it is important that we look into this

1 need for a new experience. Thank you.

2 THE CHAIRMAN: Thank you, Mr. Hatfield.
3 Professor Bertrand?

4 PROFESSOR BERTRAND: Did you have
5 the impression, Mr. Hatfield, that this experience
6 which is found through the drug thing, has a
7 learning possibility in it, or is it to be repeated
8 again and again and again? It is very confusing.

9 MR. HATFIELD: I think that I have
10 been able to determine from ^{hearing} this expression being
11 used over and over again, the thing they attach the
12 highest value to is the experience and that they
13 also, in promoting the use of the drug, whether it
14 is marijuana, or LSD, or other drugs, they will
15 say, "Try it for the experience".

16 PROFESSOR BERTRAND: But, we don't
17 change because of that, it doesn't change.

18 MR. HATFIELD: I'm not sure that it
19 is a self-learning program as such, although they
20 do say they learn a great deal about themselves,
21 but it is about themselves not about society as a
22 whole, but themselves in relation to society.

23 THE CHAIRMAN: Gentleman at the
24 microphone?

25 THE PUBLIC: Mr. Chairman, Commis-
26 sioners, I would like to ask a question.

27 THE CHAIRMAN: Would you speak
28 closer to the mike?

29 THE PUBLIC: Yes. To Mr. Hatfield.
30 I was wondering if at the present time the Con-

1 servative government here has made any recom-
2 mendations of their own on this question at the
3 moment. I have been here for most of the after-
4 noon and there are a number of us who are going
5 to be dealing in this field next year,^{or} soon, and
6 we are just wondering what the recommendations
7 at this point are and possibly if the Conservative
8 government on their own -- this is an unfair
9 question -- if there are recommendations being
10 made at your level of government now? And this is
11 the second part of the question, dismissing any
12 of your constitutional problems that might arise,
13 if you feel that the provincial government really
14 has a place in the drug field in this Province.

15 MR. HATFIELD: Well, the Conser-
16 vative Party; I can't speak for the Conservative
17 government, it doesn't exist yet, but I think
18 that the Conservative Party hasn't taken a posi-
19 tion on the question officially. As far as the
20 place of the provincial government in relation
21 to the federal government, I think
22 it is the responsibility of the federal government,
23 not for constitutional reasons but because they
24 could probably do the job better, to research
25 drugs, and then I think it is the responsibility
26 of the province to make this information available
27 through the school system, and I also think it
28 is the responsibility of anybody in the communication
29 media to make this information available.

30 THE PUBLIC: Have there been recom-

1 mendations made yet at all?

2 MR. HATFIELD: Not officially.

3 I made some suggestions in the legislature last session,
4 yes.

5 THE PUBLIC: I am not aware of
6 what those recommendations were. Have they changed
7 from what they were?

8 MR. HATFIELD: Well, if I remember
9 correctly, what I put great emphasis on in the
10 legislature, last session, was that first of all
11 the government become aware how serious the problem
12 was in New Brunswick or how serious the use of the
13 drugs was in New Brunswick, and secondly that the
14 program be stepped up in the school system.

15 THE PUBLIC: By program, what type
16 of program, sir?

17 MR. HATFIELD: My own suggestion is
18 that the facts be available to the students.

19 THE PUBLIC: An educational program
20 set up by the federal government?

21 MR. HATFIELD: By the provincial
22 government.

23 THE PUBLIC: Well this then would
24 be your thought for the role of the ^{provincial} government?

25 MR. HATFIELD: When you talked about --
26 you see this is why I put so much emphasis on
27 research. When you talk about an education program,
28 what are you going to tell them, what are the facts?
29 Now I think there are some facts available but
30 there aren't enough in my view, to present a pro-
 gram, but I don't think that should stop them from

1 now telling the students in schools what
2 information is available and what facts are
3 available. And I'm not at all deterred by, as
4 I am often told, "The education aspect of it
5 hasn't worked and won't work", because I don't
6 think we know how many students, even with the
7 film program that they have and the circulars
8 they send out, we don't know how many students
9 have actually decided not to use drugs because
10 of that.

11 THE PUBLIC: Would it be unfair
12 to ask you if at this moment you feel that drug
13 laws should be liberalized or not?
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1 MR. HATFIELD: My own view is that the
2 position I have taken on that is that I am
3 not in favour of the legalization of
4 marijuana at this time, and certainly not the
5 other drugs.

6 THE PUBLIC: Do you feel
7 the present laws are adequate or possibly they
8 should be made stricter than they are now?

9 MR. HATFIELD: I am not
10 at all happy with the present laws,
11 and I am very concerned with the whole question
12 of justice as it applies here in this
13 particular section of our law, but I am not
14 at all prepared at this time to say that
15 marijuana should be legalized.

16 THE PUBLIC: Thank you
17 very much.

18 THE CHAIRMAN: Thank you,
19 Mr. Hatfield.

20 Gentleman at the
21 microphone?

22 THE PUBLIC: Yes. We are
23 speaking about more information and new data
24 and new facts. Well, this is entirely
25 within the framework. It is all here, like
26 this whole meeting fits into this framework.
27 It is the framework of expanding consciousness,
28 that is what we are after. We want to know
29 about it. And it is kind of ironic
30 or something that the chemicals, especially the

1 chemicals, we emphasize the experience and
2 the relativeness of the experience, and it is
3 really important to realize, I think, you know,
4 especially significant, that if we put this
5 down, and this is the type of an experience
6 that somebody mentioned before that we have
7 never seen anything. And in all this data,
8 it would take someone with the name of Robert
9 McNamara or an IBM mind to find the relevance
10 of all this stuff.

11 But if there is an
12 artificial step or a humanly possible step,
13 it is with the chemicals. You know, this
14 is what everyone tells me. And it is
15 another really important thing.

16 I am thinking of a
17 (Paardian) perspective, the perspective of
18 man is an evolution and the emphasis is on the
19 evolution of consciousness. This is what
20 we are within. And if our whole civilization
21 of the last six thousand years, instead of the
22 emphasis on the physiological evolution, it is
23 an evolution of consciousness. And the
24 importance of drugs within this is obvious.

25 And we, for traditional
26 reasons, say that this is no good, the paths
27 is well into the future, is cutting the
28 future down. Where we are headed is into
29 the future. This doesn't say that the future
30 is only significant, but this is the direction.

1 Everything we are thinking about right now
2 is a growth in consciousness and everything else,
3 like a tremendous growth of consciousness,
4 it is pretty significant too, I think.

5 THE CHAIRMAN: Thank you.

6 MR. CAMPBELL: I would like
7 to raise a question of Mr. Hatfield, if I may.
8 In the framing of public policy, including the
9 area of law, what do you feel are the most
10 appropriate criteria to use with reference to
11 a question such as drugs?

12 MR. HATFIELD: Well, first
13 of all I think one of the most important
14 criteria is to have a maximum amount of
15 information, factual information. I still
16 believe what our law is all about is
17 making a moral judgment and I still believe
18 that it should continue to do that. But
19 what I don't -- I think then you relate it
20 to the constituency you are operating out of
21 I am not sure I can go much beyond that unless
22 you want to ask more questions.

23 MR. CAMPBELL: Well, one of
24 the reasons I am asking it, Mr. Hatfield, is
25 a number of people have put to us the need
26 for more research and the point comes, I suppose
27 it comes every day, where you make a public
28 policy decision. The decision may be to
29 alter existing policy or to maintain policy,
30 but you do it with a certain body of information

1 or you may say, "We won't act today because
2 we expect to reach a certain point in our
3 research". There are certain things we
4 want to find out and once I have got that
5 information I will make a decision.

6 I am wondering if you
7 have in mind the levels of knowledge or
8 particular types of knowledge that you hope
9 to have from research. Are you concerned
10 specifically with threats to life? Are
11 you concerned with certain levels of psychological
12 harm?

13 MR. HATFIELD: I would
14 first of all want to know what the effect it
15 has on the physical body, what effect it has
16 on the mind. One of the things, while there
17 is some information on this, tends to give rise
18 to the view that it is a harmless drug.
19 One of ^{the} things that I am concerned about again,
20 I became concerned because I had been talking
21 to people who used drugs and use them regularly and
22 by that I mean smoke most of the day. I am
23 concerned about the social attitudes that
24 these people have, and as a legislator and
25 politician, I am concerned about the ready
26 availability of marijuana, the effect it
27 might have on the society of our country and
28 our province.

29 And I think, and I realize,
30 and I am concerned about this, because so often

1 when we are faced with a problem we say
2 we will research it or appoint a commission
3 and the cynical impression is that we are
4 stalling, that we really don't want to make
5 up our minds, we really don't want to come
6 to terms with this and I am concerned about that.
7 But I think there will come a point when we
8 will have to.

9 But what I think is the
10 injustice now in people who are found guilty
11 of possession or trafficking or so on,
12 is becoming quite a problem too, in our society
13 and we have got to act reasonably soon. That's
14 why I would like to see the Commission report
15 in their preliminary report that the highest
16 priority be given to research.

17 MR. CAMPBELL: When you
18 speak to injustice, Mr. Hatfield, in this
19 context, could you elaborate?

20 MR. HATFIELD: Mainly the
21 inconsistency of it.

22 THE CHAIRMAN: Inconsistency
23 of the sentencing?

24 MR. HATFIELD: Of the
25 sentencing.

26 THE CHAIRMAN: This is the
27 implication and the application of inconsistency
28 in the application of the law?

29 MR. HATFIELD: Right.

30 THE CHAIRMAN: Do you have

1 any comment on the legislation itself in the
2 approach to the various drugs?

3 MR. HATFIELD: You mean
4 in Canada?

5 THE CHAIRMAN: Yes. Our
6 legislation, the federal legislation. You
7 refer to consistency in the application of the
8 law.

9 MR. HATFIELD: Right.

10 THE CHAIRMAN: But then there
11 is the law itself and the treatment of the law.

12 MR. HATFIELD: I thought
13 there was really only one law.

14 THE CHAIRMAN: There is the
15 legislation and the way it treats the various
16 drugs and then there is the application of the
17 legislation by judicial decision. I understood
18 you to be referring to inconsistency in effect
19 in sentencing. I don't want to put words
20 in your mouth, but the application of the
21 law is chiefly through sentencing. There is
22 also a question of where and what you
23 evaluate ---

24 MR. HATFIELD: To evaluate
25 whether or not a heavier charge should be more for
26 marijuana than for LSD, for example.

27 THE CHAIRMAN: I was
28 asking if you had any observations of the
29 penalties in the legislation on that point of
30 consistency?

1 MR. HATFIELD: Not really,
2 no.

3 THE PUBLIC: Could I ask
4 him a question?

5 Mr. Hatfield, could you tell
6 me how you could rationalize sentencing someone
7 to five years in jail when there is no evidence
8 to prove that the use of that drug is harmful
9 or harmless, whether there is not enough
10 medical evidence one way or the other. How
11 can you justify sending someone away for
12 five years, and how can you justify a New
13 Brunswick Supreme Court decision saying that
14 person should be sentenced up to five years,
15 and he should not be rehabilitated?

16 MR. HATFIELD: Well, I think
17 that -- I am not sure it is my responsibility
18 to justify it. You have asked me this
19 question before. My view is that I think that
20 we have to explore ways of rehabilitation,
21 ways of treating, if we decide drugs should be
22 an offence, ways of treating offenders.

23 THE PUBLIC: Excuse me.
24 There is an election coming up pretty soon
25 in New Brunswick. Let's say that you win.
26 Will you through your Department of Justice
27 pressure the courts of this province to change
28 their decision that says the deterrent aspect is
29 the most important one, and have it changed
30 to rehabilitation, to put as much pressure as you
possibly can.

1 A yes or no answer, please, no avoiding the
2 question.

3 MR. HATFIELD: If you want
4 to put it on that basis, my answer is no.
5 If you want me to pressure on your terms, my
6 answer is no.

7 THE PUBLIC: You just stated
8 you believed in the rehabilitation and the
9 courts have decided on the deterrent measure.

10 MR. HATFIELD: I am factually
11 actually not certain the courts have that
12 opportunity or that discretion, but I would
13 try to encourage more justice by laying
14 down guidelines or making suggestions to the
15 Courts, more consistency in their decisions.

16 DR. LEHMANN: May I come
17 back once more to the research you stress,
18 the importance of which you stressed so much
19 and you pointed out you had been concerned
20 about the social attitudes of people who
21 smoke a great deal.

22 Now, research in this
23 particular area would be very difficult,
24 almost impossible. Would you still want to
25 wait for research because one can't very well
26 perform experiments on people for years and have
27 them smoke a great deal, because they might
28 then develop unfavourable social attitudes
29 and we know that will happen. That is a kind
30 of research that is hardly possible nowadays in

1 Western society. I am just wondering how
2 specifically you would determine the goals of
3 research. We hear that so often, that more
4 research needs to be done, and there should be
5 priority on research, and then apparently
6 this kind of result or answer is expected
7 from research. I don't know how it could be
8 done.

9 MR. HATFIELD: Again, I
10 would not expect that any long term -- I would
11 not expect to wait for any long term research.
12 My point is, though, that long term research
13 should be started now so that in ten years
14 time, we might have something more reliable.

15 I have been able to find with
16 my resources, a number of people who have smoked,
17 as I say, regularly for a long time, and what
18 strikes me is regardless of where they may be, both
19 here in Canada and outside of Canada, their
20 attitudes are very much alike. I am not
21 putting this forward with any authority, because
22 it is just strictly with taking informally
23 with them, but you get the same things coming
24 up all the time, the same attitudes. You get the
25 same words coming up all the time.

26 DR. LEHMANN: You would
27 do single retrospective research on those
28 people who have already smoked a great deal?

29 MR. HATFIELD: I have discussed
30

1 this with them and people I have talked to,
2 said they would be glad to contribute to research
3 towards this end, because they believe it would
4 result in legalization of marijuana.

5 DR. LEHMANN: Only this
6 would not satisfy the researcher, because
7 this is not a controlled sample, as a well matched
8 control. These people are self selected
9 and may have ^{had already} certain personality qualifications
10 and that's why they started to. So it is
11 very difficult to really, for good research,
12 come up with answers in this field, and
13 perhaps impossible before we make a decision.

14 MR. HATFIELD: I am
15 prepared to accept that it is possible, but
16 let us do all the research we can that is
17 possible then.

18 THE CHAIRMAN: Thank you,
19 Doctor.

20 MR. STEIN: Could I just ---

21 MR. HATFIELD: Could I
22 also say also that ⁱⁿ the reading I have done
23 there is a great deal of conflicting opinion.
24 I am sure you must have found that. Reports
25 such as the LaGuardia Report are challenged
26 and put forward as ^{an} authority position, and
27 then challenged that their studies were
28 inaccurate and the use of bad techniques and
29 so on, and so forth. I think if we had
30 some reputable body to make assessments of
even the studies that have been done ---

1 MR. STEIN: I wonder, Mr. Hatfield,
2 if you could say very simply what your impressions
3 of those attitudes are? You said you had some --
4 I appreciate this is in no way on your part an
5 effort to make any kind of scientific statement,
6 but what are those attitudes as you have heard
7 them expressed?

8 MR. HATFIELD: I think that simply
9 one of the things that comes up most often is
10 that if you engage in any kind of a discussion
11 about problems such as the war in Vietnam, or
12 pollution, poverty, any issue like that, over and
13 over and over again I got the answer, "I can't do
14 anything about it", and that was their only answer.
15 And again, when I first heard it in one place,
16 I didn't take particular note of it until I heard
17 it again and again and again, and I did take note
18 of it, the attitude that they really can't correct
19 the ills of society and therefore they have
20 decided to pursue their own personal individual
21 happiness. And that I have also found is an
22 attitude, that "my personal happiness is what is
23 most important".

24 THE CHAIRMAN: Thank you.

25 THE PUBLIC: I should like to know
26 if this research is to be directed or to be under-
27 taken in order to determine if there are in fact
28 any detrimental effects and then legislate on this
29 particular point of view, and this particular point
30 is what troubles me. It would seem conclusive that

1 smoking cigarettes has been proven to be harmful,
2 it produces cancer in people and things like that.
3 And the thing that I was wondering about is why
4 in fact has legislation not been passed prohibiting
5 smoking, in fact? We have laws prohibiting use
6 of marijuana, whereby the evidence seems rather
7 inconclusive.

8 THE CHAIRMAN: I don't know that
9 we could offer a useful answer to that at this
10 time. Speaking just for myself, smoking -- it has only
11 been fairly recently alleged that smoking can pro-
12 duce serious harm, so it was permitted before this
13 new evidence was brought forward. The situation
14 that we confront with marijuana is that it is in
15 fact prohibited with penal consequences at the
16 present time, so there are two different points
17 of departure. In one case you have got something
18 that has been legal for a long time and is accepted and
19 is said to be harmful and
20 now/in another case, you have something that has
21 been illegal for a long time and now, as you allege,
22 is not harmful. I don't know -- it is not something
23 that I can contribute more than that to by way of
24 answer at this time.

25 THE PUBLIC: I don't want to over-
26 burden Mr. Hatfield, but I would like to ask him
27 another question if I can.

28 As this Commission continues its
29 inquiry and whether or not marijuana is going to
30 be legalized or not, people in this room and
people all across this country are still going to

1 be taking and experimenting with marijuana.
2 Some are going to ^{be} caught and many aren't. Some
3 of these that are going to be caught are going
4 to be sent to jail, whether it be for a month,
5 a week, two months, a year, or more. Mr. Hatfield,
6 you are the leader of ^{a Party} that classifies itself with
7 a part of the people and represents the interests
8 of the individual. Your party is the closest
9 as there has ever been in ten years in New Bruns-
10 wick. Once you assume office, if you do, and
11 whether marijuana is legalized or not, I would
12 like to know what would be the Party's attitude
13 to those people who have been convicted on first
14 offences and served jail terms for the possession
15 of and for trafficking of marijuana? These people
16 are individuals, they have been caught once and
17 many haven't been caught. What about their future,
18 what about their career? This is something that
19 bothers me more than the whole question of whether
20 marijuana should be legalized or not. What happens
21 to these people? I can't say yes or no, marijuana
22 should be legalized, I don't know, I have never
23 tried it. But it's up to the powers that be, what
24 about these people? Are they going to be shoved
25 out and their lives ruined because of this record
26 they have?

27 MR. HATFIELD: Well, I think that
28 the only thing that I could say to this is, first
29 of all, I am very conscious of the problem and
30 very concerned about it. The only thing that I

1 could say to it is that I think our whole penal
2 system has been undergoing reform for some time
3 and I would certainly do everything to encourage
4 it toward that direction, but I think we have
5 discovered that simply locking a person up does
6 not solve any part.

7 If the drugs continue to be under
8 the Criminal Code, and if the law is enforced
9 and the people are caught, I think we will have
10 to regard these people with special concern and
11 special interest, and I am not certain, but I
12 would like to hope -- I am not certain it can be
13 done, but I would like to see that they be treated
14 specially because of the uniqueness of the offence.
15 I thought the suggestion that was made this
16 afternoon by the student, that it should be taken
17 out of the hands of the criminal courts and put
18 into another court, is one that should be given
19 consideration. We do have the criminal courts
20 as opposed to civil courts and so on -- criminal
21 procedure, I should say, as opposed to civil
22 procedure, and I think that perhaps we should
23 look at this. This is a very special problem
24 and not like another crime. It's very difficult
25 to say exactly what you will do at some later
26 time, but these are the directions that I would
27 try to move in; that we show special concern
28 for drug offenders.

29 THE CHAIRMAN: Thank you, Mr. Hat-
30 field.

1 I think I should call now on
2 Mr. Nils Vikander, Department of Sociology, and
3 Anthropology, St. Thomas University.

4 MR. VIKANDER: Well, I guess
5 Richard Hatfield is a difficult act to follow
6 here, I don't know, I had better take a drink
7 before I start -- of water that is.

8 My first thing, that I would like
9 to mention is something that has already been
10 mentioned, maybe I will just add a little fuel
11 to the fire, and ^{it} is that many have been appalled
12 by the physical structure of the set up here of
13 the hearing. It reminds me of the Nuremberg
14 war crimes tribunal, and I think it is really
15 unfortunate. I don't know who your interior
16 decorator is, but perhaps you could get somebody
17 else, hopefully. I don't say this facetiously,
18 but I really mean it. And it is something that
19 I am concerned with daily in my work as a teacher
20 at the University, and that is trying to maximize
21 the possibility for communication, and to do this
22 you have to work at it, you have to structure
23 your environment in such a way as to the maximum
24 possibility. It is the structure here and the
25 structure also at the university is in effect
26 an ironic one because it is an illustration of
27 a social system or social values against which
28 drug use and drug users can be seen to be
29 reacting against. So in this sense it is sort
30 of ironic that there are people like yourselves

1 who are trying to gather information about
2 drug use and so on, are in a sense falling
3 into the regular establishment trap, the
4 routine.

5 THE CHAIRMAN: Well, I would
6 like to say something on behalf of the Com-
7 mission since this seems to be a well consi-
8 dered and well prepared observation.

9 MR. VIKANDER: Quite off the top
10 of my head.

11 THE CHAIRMAN: I was going to say,
12 by the representatives of St. Thomas ---

13 MR. VIKANDER: I was actually not
14 here when Mr. Simms made his ---

15 THE CHAIRMAN: Let's not worry
16 about that, do you mind if I make a reply to you?
17 You are giving me lessons in communication, but
18 you are setting up a great deal of tension at
19 the moment. We take the circumstances pretty
20 well as we find them and we are very grateful
21 for the kind of reception we have received across
22 Canada. This is, as a matter of fact, the first
23 time that two such speeches have been made about
24 our format. Far be it from me to try to justify
25 particularly what our format has been, but we
26 have been in many other cities, this is the
27 thirteenth university, and we haven't had this
28 particular observation made twice in the same
29 afternoon.

30 Now, these hearing do -- we are

1 holding these hearings to afford an opportunity
2 for discussion and some kind of an orderly
3 presentation of briefs, some sense of when people
4 are on and when they are off, and we would be
5 very grateful for any suggestions as to how we
6 can afford this opportunity, which is not an
7 opportunity for a small group at a tea session,
8 it is an opportunity for a submission of some
9 systematic presentation, an opportunity for
10 members of the audience to comment, and we would
11 be very, very grateful for any constructive
12 suggestions that you care to pass on to us. But
13 I think the process of communication would be
14 assisted if you would make your submission now,
15 because I think you have certainly made the point
16 about the environment.

17 MR. VIKANDER: Well, to give a
18 brief recommendation, I would suggest that
19 you begin by being on the same level as the people
20 in the audience or the co-communicants, you might
21 call them. Also, you might have a semi-circular
22 type of structure, which I think will give people
23 the type of environment in which they feel more
24 at ease in speaking up. Anyway, this is just a
25 side point.

26 Now, the main problems of myself
27 and other people at this stage in the hearing is
28 trying to find something new to say. I follow
29 the reports of the hearing across the country
30 fairly closely, and by this time I am just wondering

1 whether anything new can really be added or
2 whether we are just adding the same type of
3 fuel to the basic fire that has already been
4 started.

5 As far as research findings,
6 I don't want to spend time on this. What I hope
7 to do is perhaps provide some interpretations,
8 and many of them I have run into today and I imagine
9 you have run into them elsewhere as well. But I
10 may as well go ahead and add what I have to add.

11 Now, large segments of the Canadian
12 population are upset about drug use. It is quite
13 evident and this is why the Commission is here.
14 People are often upset when they encounter some-
15 thing novel, and their upset normally grows into
16 condemnation when the nature of the novelty is
17 such that it does not fit into the main culture
18 patterns that they are used to. Drug use and the
19 reaction to it may be seen as an example of such
20 a process. If the novelty takes hold and begins
21 to gain acceptance among increasing numbers of
22 people, the condemnation of it tends to evolve
23 into concern largely because condemnation is
24 satisfying as long as it is projected outwards,
25 but when it begins to hit close to home it becomes
26 uncomfortable. This has been very much the case
27 with drug use as it has spread among the middle
28 class. When concern about a novelty is being
29 expressed on a wide scale, this can be taken as
30 an indication that the society is in the process

1 of rearranging its structures, modes of behaviour,
2 and values to accommodate the novelty. This Com-
3 mission may be seen as an institutional expression
4 of this kind of process in Canadian society. As
5 far as I know, there is not in any other country
6 a similar Commission, and I think it is very much
7 to the credit of the Canadian society at the present
8 to be at the forefront. We are beginning to see
9 drug use as a new fact of life, and the Commission,
10 the recent legal changes, and the re-opening of
11 drug research, are only a few main indicators of
12 the growing incorporation of the drug subculture
13 into the wider Canadian social patterns. In other
14 words, we are ^{hopefully on the way to} understanding drug use; understanding
15 is the term we use when we are able to perceive
16 the total context within which the novel phenomenon
17 is embedded.

Ignorance is the inability to do this, and when it is fortified by fear of the unknown it stimulates the creation and acceptance of stereotypes which then readily leads to persecution. This unfortunate and appalling process has been an accurate description of Canadian society's approach to drug use for much too long.

So far I have viewed drug use within a more general framework of social change. It is not enough however, to observe what is taking place nationally. Increasingly the boundaries of our social system are taking on a global perspective and it is clearly evident that drug use is highly international in character. This is a main source of the novelty of the drug situation in the past decade. The rate of culture diffusion has been stepped up enormously through improved transportation and communication, and increasing human mobility. Western civilization has spear-headed this change, but in his ethnocentrism Western man believed that culture contact was a one-way affair, we teach, they learn. Culture contact is, of course, always a two-way process, and some contemporary social developments in the West, and drug use is one of them, can be regarded as having germinated in the diffusion of non-western ideas and practices into our civilization.

The ingestion of substance for the purpose of mood change is by no means anything new in human history. As far as we know every society throughout history has made use of such substances. What is peculiar today is that each society through culture contact has access to a wide variety of substances with which it has not become familiar through time. There appears to be a substantial correlation between the ethos of a culture and the substances which gain acceptability within it. Alcohol has been the traditional western drug choice. Its effects are largely consonant with traditional western values of individualism, aggressiveness, competitiveness, and extroversion. The cannabis family of drugs on the other hand, have consequences quite in the opposite direction. It tends to induce introspection, contemplation and often a group-centered quietude which is very similar to the ethos of the non-western societies which have traditionally used cannabis.

Culture contact does not in itself explain the rise of the new type of drug use in the West. Only some aspects of a culture are diffused upon culture contact. Why, for example, cannabis? To explain this one would have to point to the existence of certain conditions within the recipient society

1 which render it likely to accept cannabis.
2 Any culture will emphasize only some human
3 capacities, and our western civilization is no
4 exception. The trend in the West has
5 been to analyse rather than to integrate, to
6 reason rather than to feel, to manipulate the
7 external environment rather than to discover
8 ourselves. Any trend builds up greater resistance
9 to itself the more it develops, and the events
10 of the past decade may be taken as evidence that
11 a break in the trend has occurred. Drug use can be
12 understood as being part of this reaction, and
13 in a highly direct and ironic way it is
14 a part product of one of our major trends, that
15 of increasing technological and scientific
16 sophistication. Drugs such as LSD and MDA which
17 have been so influential in many areas of
18 life, were developed in our laboratories.

19 The relationship between
20 the law and drug use is possibly the most volatile
21 aspect of the whole drug use phenomenon. First,
22 a general statement which cannot be
23 overemphasized is that sumptuary legislation,
24 (that is legislation governing what we eat,
25 drink and wear) has led a very poor record of
26 success in the past as well as the present
27 in our society, and in other cultures. The
28 dismal failure of Prohibition is a prime
29 illustration of this. Looking at drug
30 legislation today, we certainly did not learn

our lesson. There is no reason to believe that this type of legislation will be less disastrous in the future. Sumptuary legislation is connected to the wider concept of moral legislation which involves such areas as sexual behaviour, abortion and contraception.

The State is beginning to withdraw from these areas of behaviour which were more properly left in an earlier age to Canon law.

Guidelines for behaviour in these aspects of life have always been effectively provided only by the informal social control system of society, the folkways and mores.

Drug legislation is a prime example of a dilemma inherent in the nature of law as such, which is becoming increasingly evident in our heterogeneous, rapidly changing, and increasingly less isolated society. Laws are effective only if supported by the mores of the population, yet if the mores are there then the law is by and large not needed. Further, in our present and future social existence laws will become increasingly arbitrary. The legislative process becomes a battle ground between organized interest groups. This in itself is not a cause for alarm. The problem is that moral legislation and drug legislation in particular, has been enacted largely through the unopposed efforts of moral entrepreneurs.

Thirley Cook of the University of Toronto,

1 has clearly delimited this process in a recent
2 issue of the Canadian Review of Sociology and
3 Anthropology (February, 1969). This
4 Commission is the first attempt by a Canadian
5 government to assess the feelings of
6 the population about drugs since the first
7 legislation was passed in 1908.

8 North American society has
9 been peculiarly susceptible to attempting
10 to solve social problems through legislation.
11 Drug laws have clearly failed on two main criteria
12 upon which any law must be judged. First, they
13 have been shown to be unenforcable. We
14 can expect an increasing output of new drugs
15 from our laboratories and the underground labs are
16 able to stay comfortably ahead of government
17 detection of their new drugs, and the
18 consequent legislation process. Moreover,
19 there are dozens of plants, etc., growing wild
20 on this continent which can be used for mood-
21 changing purposes. Should we perhaps
22 legalize nature? Secondly, they have created
23 more misery than they were designed to
24 alleviate. That the law is clearly the
25 greatest evil connected with drug use is a
26 point that has been amply documented in the hearings
27 of this Commission. Besides being suspect
28 in relation to our fundamental ideas of
29 justice, and in comparison with the other
30 sections of the Criminal Code, the drug laws

1 brutalize and criminalize individuals,
2 create a sizeable alienated minority that
3 contains many talented individuals; establishes
4 a tense, destructive atmosphere where fear,
5 suspicion, and anxiety pervades; encourages
6 enforcement tactics that are highly questionable,
7 if not appalling from any moral or ethical point of
8 view; ensures a lack of quality and dosage control;
9 provides a lucrative field of operations for the
10 underworld, and, finally, encourages the use
11 of physically more hazardous drugs rather than
12 those legally more hazardous.

13 Before concluding with
14 my recommendations I would like to point
15 to some features of deviant behaviour that are
16 most relevant in a consideration of the drug
17 use phenomenon. Let us treat our deviants, our odd
18 and strange people, our non-conformists,
19 with tender care. Not only can we afford to,
20 or feel morally obliged to, but we
21 have to, if we want to stay in the game of
22 human existence. These people, as much as our
23 artists and geniuses, are our troubleshooters
24 of today and prophets of tomorrow. They
25 point out where present social structures, values,
26 and life-styles have become restrictive and outmoded.
27 They are prime agents of social change, and as
28 such they are increasingly important in an
29 era demanding greater capacity of adaptation to
30 rapidly altering conditions of existence.

1 The drug user is telling us something important
2 about us, our society, and themselves.

3 Let us listen and learn. The law prevents
4 us from doing this. A criminal conviction
5 labels a person as somehow "other", and
6 society is shielded from his influence. Thus,
7 society, through the application of law, attempts
8 to externalize its concern with the phenomenon in
9 question (i.e. drug use), and thereby
10 spares itself the agony of critical self-
11 appraisal. The labelling of drug use as
12 legally deviant has resulted in a serious
13 internal social separation which in effect
14 has polarized groups and isolated them from
15 each others influence. That this isolation
16 has serious implications for our continued viability
17 as a society is clearly evident.

18 Now, some recommendations
19 that aren't perhaps as well thought out,
20 or formulated as they should be, but anyway
21 here they are.

22 1. Cease the
23 persecution of this minority group, (i.e. drug
24 users). This is what in effect is now taking
25 place, and it has a long and dishonourable
26 history going back to the early Canadian drug
27 legislation which was intimately tied to
28 racial discrimination against Oriental
29 immigrants.

30 The way that the law is

1 presently being applied, it is applied to a
2 group of people which is by and large, mainly
3 identified because of life style, dress, hair
4 style and so on. These are the people who
5 are vulnerable at present to the way that we
6 apply the law. The vast numbers of people
7 who look quite average and straight, the vast
8 numbers of middle class, middle-age, who
9 are using the same substances, are simply
10 not vulnerable to the law the way it stands
11 now. So I think it is quite justifiable
12 to argue at present we are in effect using
13 the law to persecute an uncomfortable minority
14 group, which is really in a sense challenging
15 some of the basic ideas of Western civilization.

16 Now, when basic values
17 are challenged, usually the challenge is met
18 through repression, through emotional argument,
19 because when you are talking about the values,
20 it is very difficult to talk in rational,
21 clear, calculated terms, and this is why the
22 drug phenomenon is such a volatile issue.
23 Every conference I have been to, has been
24 highly emotionally charged.

25 The second recommendation:
26 provide substantial incentive for research
27 into all aspects of drug use.

28 3. Provide continuously
29 updated information on all aspects of drug use
30 using all media.

Let us use the criticism that is being provided by the young people, by the people who use drugs.

1 What are we doing? Is
2 it meaningful? Where will it get us?
3 Do we want it? Are there other better
4 ways of doing things? Are we open to
5 new ideas?

6 We could go on and on.

7 Thank you.

8 THE CHAIRMAN: Thank you.

9 | Any questions?

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1 MR. SIMMS: I would like
2 to make one reaction to the Commission relating
3 to the structure again, so that the hostility ---

4 THE CHAIRMAN: So that what?

5 MR SIMMS: So that
6 the hostility and the bad (lines) come back at
7 me.

8 I want to plead innocent
9 to conspiracy. Mr. Vikander and I have
10 actually not been able to say more than two
11 or three words to each other, I think, since
12 Monday or so, when we both sort of scraped
13 up what we were up to and went out on our
14 own and so that if you feel there is a
15 conspiracy ---

16 THE CHAIRMAN: No, I don't
17 feel there is a conspiracy and I don't feel
18 that either of you have been very inhibited
19 by the environment.

20 MR. SIMMS: The other
21 point that I am quite concerned about as the
22 afternoon draws on, is that this is not a
23 St. Thomas conspiracy either. If it is,
24 if it seems a conspiracy, it is one of omission.
25 I am wondering where the institution that
26 represents five thousand out of the six thousand
27 that are up the hill, I wonder where those
28 representatives are, from the Faculty of
29 Education, from the Department of Psychology.
30 Where are the briefs? Where are my

1 professional colleagues? Where are Mr.
2 Vikander's professional colleagues? I am
3 very very concerned about this, and perhaps
4 the characteristic that Mr. Hatfield
5 describes of the long-term pot head, is a
6 characteristic of the professional people
7 at U.N.B. That is, the inward
8 looking, self-serving, not outgoing, saying, "What
9 I am after is for myself." This actually --
10 what I am venting right now really should not
11 concern the Commission, but the Commission
12 should be concerned that a large part of the
13 academic community, academically speaking,
14 is not here.

15 THE CHAIRMAN: Gentleman
16 at the microphone?

17 THE PUBLIC: In view
18 of that rather personal attack, I hadn't
19 intended to say anything partly because I must
20 admit I haven't been following the cross-
21 country travels of your organization, and I
22 assume that practically everything has
23 probably been said already, and the other
24 things that I had -- I thought it would be
25 important -- I had not realized this until
26 a few moments ago, I did/want to pursue so
27 much the question of social dogmatism and
28 so on, which has been raised earlier,
29 social dogmatism has been used to justify the
30 existence of people, it is now being used to justify

1 the value of LSD and I don't know what it will
2 be used to justify next.

3 But what I thought I
4 might comment on, in connection with alcohol
5 because I do get my kicks from that particular
6 drug, rather than these other things, and
7 I just assume that this comes within the
8 region of your brief, and I just want to
9 reinforce the point that was made earlier
10 by a speaker, and that is the very limited
11 availability of this particular drug in this
12 province, in its more interesting
13 varieties, the inavailability of draught beer
14 as has been mentioned.

15 I personally have a taste
16 for (Marseilles) wine, which is not obtainable
17 in this province at all, unless you smuggle
18 it in.

19 THE CHAIRMAN: We have
20 been appointed by the federal government to
21 report.

22 THE PUBLIC: Well, a few
23 federal liquor stores might be a good idea.
24 I don't think this is all entirely irrelevant
25 to the general drug question. I myself
26 agree with almost everything Mr. Simms
27 said, except of course the last thing he said,
28 but whilst I feel that legalization of
29 marijuana and I would think the other drugs
30 too, LSD and so on, might be considered, although

1 this is of course getting into the question
2 of whether the ^{private} morality is the concern of the State,
3 but even the conditional approach to this,
4 but when people compare marijuana to alcohol,
5 I think they do so on mistaken grounds, which
6 are perhaps natural in New Brunswick because
7 I was even equally high, perhaps more high
8 possibly when I came to this province nine
9 years ago, at the whole approach to alcohol,
10 which was quite incredible, and nobody seems
11 to have ^{pointed} it out to anybody around here that this
12 substance actually tastes quite pleasant as
13 well, in quite subtle and sophisticated
14 ways, and I think if there was more
15 emphasis on this aspect of alcohol, there
16 might be a little less tendency to

17 approach all drugs in this rather brutal
18 sort of manner. Thank you.

19 THE CHAIRMAN: Thank you.

20 I think I should call now
21 upon Mr. Frank Forstal, of the New Brunswick
22 Probation Service.

23 MR. FORSTAL: I would
24 like to talk about an inhibiting environment
25 and the great trip to that environment. I
26 am talking about the trip to jail. The trip
27 to jail and the trip to the penitentiary
28 of our children and our young people -- not
29 our children, but our young people, is my
30 chief concern.

I will not argue or even talk about whether marijuana is good or bad, whether it should be legalized, I will leave that to somebody else, and I am sure they have been arguing this point all across Canada.

I looked at my boy the other night, he is only six years old, and the thought really struck me, that in ten years he is bait for the penitentiary, he is bait for jail. What made me think of this was a family friend who had just been fined -- was seventeen years old, and was fined three hundred dollars for possession of marijuana.

By the way, this was after the New Brunswick Supreme case, so we can't argue that all the judges are following this case of sending people to five years in jail.

I do deplore -- I use the word "deplore", --of people deploring the press, deploring the judges and the courts and the law. I think we should make a big distinction here. Say, the press, well somebody deplored the press this morning. One of the people in the press is a volunteer probation officer, and has been doing a great job for our department. One of the judges was sitting here while somebody deplored the judges and their decisions. This is one of the best human beings and one of the nicest I have ever met

1 and he is not the type of person who is
2 sending people to jail. They might be
3 appealing his cases, but we should make our
4 big distinction when we speak of our gripes,
5 and especially young people should make their
6 distinctions, because there are a lot of
7 people who don't feel that they are
8 establishment, who don't think they are
9 putting you down. We had a seminar here
10 about two weeks ago, in the Probation Department.
11 The people from the University came down
12 to help us, some of the people who are here,
13 young people from the University and they
14 have a lot to offer as far as helping out
15 with criminal problems and even people who
16 are taking drugs and the professors came
17 and helped us
18 down/on a three day seminar and gave
19 lectures and I think there is lots of scope
20 for more of this, and I think the young people
21 are willing to do it, if we go out and ask
22 them.

22 As I said, my boy in
23 ten years will be ready for jail. If we
24 are going to have a drug society, I am scared.
25 If drugs keep increasing, the number of
26 convictions, the number of people hauled before
27 the Courts go up as they have in the last
28 ten years, I am scared for my children, and
29 I should be, and I am scared for the people
30 who are here. I am not sure whether my

1 figures are right, but I think they were in
2 last weekend's magazine and ⁱⁿ 1961, I believe
3 there was ~~less than~~ a hundred people arrested
4 for possession of marijuana. In 1968 --
5 this would be the federal department of
6 statistics, you might check them -- in 1968
7 there were more than forty-five hundred
8 convictions for the possession of marijuana.
9 The 1970 figures will be shocking. I
10 submit that the law as it stands can be
11 applied -- I am not talking about legalizing
12 marijuana but the law, even as it is, if it
13 is not changed one iota, there is still no
14 reason to send first offenders, people who
15 give somebody a marijuana cigarette, there
16 is no reason to send these people to jail.
17 The Ouimet Committee came out a few months
18 ago, and the recommendations in there, if they
19 were put into practice, would cure a lot of
20 the ills that we have today.

21 A judge can today fine
22 a person, put him on probation or send him
23 to jail. The Ouimet report recommends
24 that if a person can be treated, and
25 rehabilitated in the community, this is the
26 thing to do. Historically, probation is
27 there, as an alternative to prison, but
28 probation must be there and the probation
29 officers must be there, or else the judges
30 can't use it.

1 In Newfoundland and
2 Prince Edward Island today, there are no
3 probation officers and if we look across the
4 rest of the country, it was only two years
5 ago that the Province of Quebec, initiated
6 probation. This is a hundred years
7 after probation started, so you see how
8 far behind we are in providing alternatives
9 to prison.

10 A judge can't sentence
11 a person correctly or come up with the
12 correct sentence unless he knows who he is
13 sentencing. He should know more than just
14 the offence. I would suggest that the
15 Commission forceably recommend to the
16 federal government that pre-sentence reports
17 be made mandatory, and I would recommend
18 this strongly. The Ouimet commission
19 recommended that. About four or five
20 months after the Commission put in their report,
21 the federal government passed a law
22 changing certain aspects of probation but
23 this was left out.

24 I was talking with the
25 Ontario chief of Probation, he said, "Oh, we
26 didn't want that, because there would be too
27 much work on our probation officers, if mandatory
28 pre-sentencing came into effect."

29 But the thing is we have
30 to put the men out in the field to do these

1 reports or else a person isn't getting his
2 just due before the Courts.

3 The Ouimet committee also
4 recommended that there be no jail plus probation.
5 The federal government turned around and
6 made legislation whereby a person can be
7 sent to jail and then placed on probation and
8 then do a year on probation.

9 This really is a denial
10 of probation and of the very philosophy of
11 probation, why the Committee, when the thing
12 did go through, didn't raise cain, I will
13 never know.

14 Now, if by chance a person
15 is sent to jail for a two year stretch and
16 he is a first offender and he is a college
17 student, in his second or third year, under
18 our present law he has to do one-third of his
19 time. Why do we have one-third? I
20 would suggest that the Parol Act be changed
21 so that the Parol Board can release a person
22 when they are ready to go back into the
23 community. The federal government has
24 recently passed a law concerning the
25 deletion of a criminal record-- has that been
26 proclaimed -- I am not sure -- it is on the
27 books.

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1 So they will pass it I am sure. The record will
2 be completed in five years if you haven't got
3 back into trouble. Now, this does not help the
4 university student who has been arrested for mari-
5 juana in a second or third year in college when
6 he wants to go and get a job. So I think again
7 this point should be brought up to the federal
8 government and they be given more room there for
9 discretion. If a person has completed the
10 period on probation and he is in college or he
11 is in high school, and they have done a good job,
12 abided by all the regulations, then I think that
13 the provincial people who have control while on
14 probation, should be able to recommend that this
15 person's record is taken out of the Mounted
16 Police file and he can go to law school or go
17 wherever he likes. Now I am not^{sure} whether he
18 can get into the profession and all these things.
19 If he is stopped from getting into the pro-
20 fessions, I think it is terrible.

21 I am not sure but we might be
22 back in the 1920's and 30's when people were
23 taking a good look at juvenile delinquencies
24 and they finally decided that the kids who commit
25 juvenile delinquencies should not go before the
26 regular criminal courts, and I really think
27 that the people who are smoking marijuana and
28 get caught should not go before the criminal
29 courts. I really have to think about this more.
30 I was throwing this out as a thought, as to whether

1 they should be looked at as persons in need
2 of help; as persons in need of guidance.
3 I think this philosophy would have much to
4 recommend. I cannot see the validity of
5 sending these young people to prison.

6 MR. STEIN: Is it your view as
7 you stated, that the use of the drugs you were
8 referring to, is an automatic indication of
9 some need for rehabilitation?

10 MR. FORSTAL: No. Only if the
11 law is on the books that it is illegal to possess
12 it, the judge must do something.

13 MR. STEIN: Do you find in terms
14 of working with persons on probation who have
15 been before the courts on possession charges, if
16 there is difficulty because they don't feel they
17 are in need of rehabilitation? Have you run into
18 this? Do you have any views on that yourself?

19 MR. FORSTAL: I don't think we
20 have run into this difficulty, because I think
21 most of them, when probation is really explained
22 to them, and they see other people being sent
23 to jail right across the country, they figure
24 they are so lucky. They will come and report and
25 they figure probation is a punishment, that we
26 take away a little bit of their freedom, that
27 they have to come and report to the probation
28 officer, but we don't take away two or three
29 months of their freedom and give them a jail
30 record.

1 MR. STEIN: Are you saying that
2 you are able to do something called "rehabili-
3 tation"? You see, I have always been troubled
4 by that word.

5 MR. FORSTAL: So have I.

6 MR. STEIN: What does it mean?
7 I am an ex-probation officer.

8 MR. FORSTAL: I can understand
9 what you mean. I think the probation officer
10 in maybe 60% or 70% of his cases, his real work
11 is done in persuading the judge and providing
12 the judge and giving this person a chance to get
13 on probation instead of jail. If he wasn't
14 there he would have gone to jail. Now, we know
15 that probation officers are carrying sixty or
16 seventy cases. We know how much, and you as a
17 probation officer, know how much rehabilitation
18 work you can do carrying sixty or seventy cases;
19 also providing pre-sentence reports for the
20 judge. But from the very fact that they were
21 given this chance, the big psychological factor, and
22 that is terrific for a person on probation.
23 They know that we can't get around to their
24 houses when they are supposed to be in at eleven
25 o'clock. They know we can't physically get
26 around there every night, and all this, but they
27 never know any night that we mightn't come
28 around. And if a judge knows that probation is
29 a punishment, he is more likely to put people
30 on probation.

1 MR. STEIN: Let me just push
2 this a second more. We have heard today, and
3 we have heard all across the country, that one
4 of the major issues here has to do with a
5 different style of living, a different set of
6 priorities, a different set of standards, and
7 that when you are faced, as a probation officer,
8 with every job of, and that's why I was stressing
9 "rehabilitating", how far do you feel that --
10 is it really -- what I have heard you say is the
11 job hasn't been done when he is placed in jail
12 and the rest is sort of a rubber stamping.

13 MR. FORSTAL: Not quite. There is
14 more to it than that. There is going to ^{be} rubber
15 stamping if there are several other cases. If
16 you had ten cases and if you had enough men out
17 in the field to do the job -- in Dorchester
18 Penitentiary we hired 300 people to take care of
19 maybe 350. In probation we have a case load of
20 700 and we will hire eighteen people to do the
21 job.

22 MR. STEIN: Would the job be to
23 get young people to accept the standards or the
24 values? What is the job? That is what I am
25 trying to get some feel for. As you see it, what
26 is the job?

27 MR. FORSTAL: The job is to get
28 these people really to carry out the order of
29 the court. I mean, as a legal disposition of
30 the court. It is not that a probation officer

1 should try to change a person's whole life in
2 a certain way. Because, I mean, we have got
3 eighteen probation officers, you know, and they
4 work wonders.

5 Down in the States they are using
6 men in prisons as probation officers, and former
7 drug addicts as probation officers and they find
8 they are very effective. But in Canada probation
9 is kind of a civil rights movement in the judicial
10 set up, and it is always a fighting thing to get
11 more staff, more people, and place more people
12 on probation to keep them from going to jail.

13 Another thing I would recommend,
14 the teachers recommend that there be more train-
15 ing for teachers. I would recommend that the
16 court officials be given an opportunity for more
17 training, both in the social sciences and in
18 drug abuse and use. That seminars be
19 put on by the federal government, or at least
20 money be made available to send these people
21 away.

22 But I have gone to Cana-
23 dian Corrections Association meetings. We had
24 all the prison's people there. But there are
25 very few opportunities for judges, both federal
26 and provincial, to get away to seminars and to
27 sabbatical leave, and things like this in order
28 to learn. I think we have to start treating
29 people in this field the same as we do the
30 educational people. They get spare time to do
 it, and I think we should too, in order to keep up.

1 I think that nobody -- the judge has control
2 here. I think this is what we really have to
3 hammer home. It is the judge who makes the
4 decision, and he will base his decision on his
5 community, on his background; so many factors
6 there.

7 In this day and age the two
8 provinces that have no probation services --
9 it's terrible; terrible. What happens if some-
10 one gets busted in Newfoundland. They put him
11 on probation with a welfare officer, or something
12 like this. But there is no philosophy or anything
13 else coming into the province concerning this type
14 of thing. What is happening in Newfoundland?
15 I think if a good check in Prince Edward Island
16 was made of the number of people in Dorchester
17 Penitentiary and of the offences, you would find
18 quite a discrepancy of the different types in
19 these provinces.

20 It would have to happen.

21 Now, we do have a Canada Assistance
22 Act, as Mademoiselle Bertrand well knows, and
23 Mr. Campbell, which must have come up during the
24 submissions -- during the Ouimet Committee. Under
25 the Canada Assistance Act the federal government
26 will provide 50% of the costs for welfare and
27 allied services. Probation does not come under
28 the -- there is a clause in the Canada Assistance
29 Act, corrections does not come in here. Everyone
30 gets it but corrections. A lot of people combine

1 probation with corrections, therefore we can't
2 get this money.

3 Thinking here of the costs,
4 it costs something like \$7,000 to keep a person
5 in a penitentiary. It costs \$750 to keep them
6 on parole after they come out of penitentiary.
7 We are taking care of people on probation for
8 \$100 or \$125. You would think the federal
9 government would take such an advantage of this,
10 and the money that they pour in for rehabilitation
11 inside the walls, if they would only use this,
12 again using this word "rehabilitation", to the
13 people in the community, the dividends would be
14 terrific.

15 THE CHAIRMAN: Gentleman at the
16 microphone.

17 THE PUBLIC: I want to ask this
18 guy here. Do you think that if a person gets
19 busted for marijuana that you can change his
20 mind? You say if you bust a person for mari-
21 juana, you have to rehabilitate him to not
22 smoke marijuana again or not to push it.

23 MR. FORSTAL: This is my point.
24 I mean, I might say as a probation officer, and
25 many probation officers will say that marijuana --
26 I don't say it because I am not sure -- that
27 marijuana is not harmful. You know, I will say
28 to the kid, "Look, kid, marijuana is harmful,
29 you are here, you went through the criminal
30 process, you now have a record. And this is

1 going to be harmful to you later on when you
2 are going to get a job."

3 THE PUBLIC: Do you really
4 believe the kid, once you bust him,
5 will change his views and not smoke marijuana
6 again?

7 MR. FORSTAL: He may not smoke
8 because he may get busted again. That's all
9 I am worried about.

10 THE CHAIRMAN: With your experience,
11 is it your observation that the present law acts
12 as a deterrent, an effective deterrent in any
13 measure?

14 MR. FORSTAL: I think so. I would
15 have to say that, yes. Now, it certainly acts
16 as a deterrent. It has deterred me. I have
17 never taken marijuana. Now, if the law went
18 off the books tomorrow, I think I would try it.

19 If they come out and say it is
20 legal and there is nothing wrong with it, and
21 as I heard the name used, "recreational thing",
22 you know, fine. The way things are today, I
23 certainly don't want to see my kid using it.
24 And from the very fact that more, and if this
25 becomes like alcohol and there is going to be
26 more and more of it around, and my boy is going
27 to be associating with these people, because
28 he is going to have to associate with people,
29 they are just going to be people, not "these"
30 people or "those" people, because marijuana is

1 going to be all around, if it is not all around
2 now. From the very fact he is in a room with
3 a bunch of kids smoking marijuana, if he is
4 going to be sent to prison, it is a worry.
5 It is going to be a worry of his father, and I
6 think you and I, of his parents. Any parent
7 with a boy of seventeen or eighteen years old
8 has got to worry about him going to jail at the
9 present time and to me, this is why I would
10 like to see it taken out, at least until they
11 cleared it up. If they find marijuana is
12 really a harmful drug, then I would say every
13 means of control, including the law. But when
14 they don't know, I think the harmful aspect
15 here is people's lives being ruined, their
16 educational careers being ruined and going to
17 penitentiaries and being put in with bank robbers
18 and people from Montreal who are (unintelligible)
19 I went to the University of Montreal
20 myself, so I know. I mean, they transfer people
21 down to Dorchester once in a while from there.
22 They don't want to go out flooding rinks.

1 MR. FORSTAL: My big concern
2 is that people are being drawn into the
3 criminal process, who are smart people and
4 have possibilities, and the door is being
5 locked in their faces for the very fact that
6 they are being brought before the courts and
7 processed.

8 THE CHAIRMAN: Thank you very
9 much, Mr. Forstal.

10 Gentleman at the microphone?

11 THE PUBLIC: First of all, you
12 were asked about the deterrent aspect of the law.
13 I think from the figures we gave of people who
14 were caught during the past, let's say, eight
15 years, the number of people who would in fact
16 smoke it -- I could tell you that quite a few
17 people don't believe that in fact it is a
18 deterrent.

19 MR. FORSTAL: When we talk of a
20 deterrent, I think under our British system,
21 which works, and a deterrent, any law, even
22 our laws today of Break and Enter, and if you
23 take how many crimes are committed in the
24 United States and how many people are brought
25 before the courts, you will see -- I'm not
26 quite sure what the figure is, but it would be
27 about 15% of all those lawbreakers are brought
28 before the court. But yet we are not going
29 to say, therefore, it doesn't deter people
30 from breaking in -- we don't catch them all, therefore

1 we'll throw away the law, you know. Because
2 most people don't think they will get caught
3 and most don't get caught, but we can't do
4 away with all the law.

5 THE PUBLIC: I'm not saying that.
6 I'm saying, do you really believe that the
7 deterrent aspect is considerable when you are
8 taking drugs or that you are committing a crime?

9 MR. FORSTAL: I tend to dis-
10 agree with you, because I don't take marijuana
11 because it deters me. Now, are there any
12 other people like me or am I kind of a nut?
13 Am I the only guy that this law deters?

14 THE PUBLIC: No, I don't think
15 so, but my question deals with a point there
16 in your brief, that the law is -- if I have
17 it right, correct me if I'm wrong -- the law
18 could stay on the books the way it is, and
19 yet the sentencing could be changed. Now,
20 you were referring to a comment I made about
21 criticising judges in the courts, I made one
22 of those comments, and I wonder if you really
23 believe that preliminary reports to judges
24 and everything else will convince a judge
25 who believes that marijuana is wrong, do you
26 really believe it will stop him from just
27 throwing him into jail instead of ---

28 MR. FORSTAL: It is according
29 to what judge you are talking about, and you
30 see, there are many judges who have many

1 different thoughts on this subject, and just
2 like Break and Enter charges, motor vehicle
3 charges, assault -- I have seen judges all
4 ready to send people to penitentiary on assault
5 charges because of the viciousness of the
6 offence. After we had done our pre-sentence
7 report and got the whole story of just what
8 happened and told them, the guy was placed on
9 probation. And the same thing is happening
10 in marijuana offences.

11 THE PUBLIC: Don't you think
12 it would be more effective to make a decision
13 on the good and bad effects and then have a
14 uniform policy which the courts could follow
15 and then on the basis ---

16 MR. FORSTAL: Even on your uni-
17 form policy, let us say if a sentence was a
18 year and it was uniform right across the
19 country, doing a year in British Columbia
20 might be a lot different from doing a year
21 in a little wee jail in Prince Edward Island
22 where you are in a little two-room cell. In
23 British Columbia you might be taking an IBM
24 course and doing everything. You are not
25 going to get equality in the way the sentence
26 is carried out because of the environment
27 which is so prevalent today.

28 THE PUBLIC: You think it would
29 be more effective to, let's say, leave the
30 law as it is now, and have preliminary reports

1 put out?

2 MR. FORSTAL: I would say that
3 I don't think any government -- I would be
4 surprised if the government legalized marijuana
5 and I would say, "Let's make the effects of
6 using it less disastrous on these, our students".

7 THE PUBLIC: I would like to
8 answer one of the statements you first made
9 at the beginning, sir, and it is close to me,
10 about parole officers -- probation officers.
11 It has affected my family. Now, I made the
12 mistake of speaking about the press this
13 morning, I was speaking about the press in
14 general. But today's newspaper, here is the
15 headline, "Nixon in Warning to Russia". The
16 headline doesn't even make sense. The LeDain
17 Commission here is mentioned on the editorial
18 page. The Brunswickian , the University news-
19 paper, gave more coverage and more space than
20 this paper has.

21 MR. FORSTAL: I think it would
22 be a press problem there, the time to go to
23 press?

24 THE PUBLIC: Yes, that is why
25 I criticize the press. And also, the press
26 serves the community. When the Red Cross calls
27 for blood donations, where do the announcements
28 appear? You can't find them.

29 MR. FORSTAL: I think everybody
30 has to take these things as they find them.

1 our seminar
When we had/volunteer/ on probation, we got
2 great coverage from the press, and I can't find
3 fault with it in my work, but you can in yours,
4 and that is OK.

5 THE PUBLIC: Now, in my home,
6 my brother was convicted of destroying private
7 property in an individual's home. He appeared
8 before a judge and his sentence was suspended
9 and he had to report to a probation
10 officer every now and then, and he came to our
11 home several times. Now, my mother brought
12 up a family of five people by herself and she
13 doesn't know very much about legal things, and
14 I don't think that we, the children in the
15 family, and she, didn't realize the significance
16 of the thing due to the fact that the sentence
17 had been suspended.

18 MR. FORSTAL: It was an adult?

19 THE PUBLIC: No. He was fifteen,
20 sixteen, seventeen, I'm not sure now.

21 Now, the officer would come to
22 the home and come into the kitchen, and he would
23 lean by the door with his hand on the doorknob;
24 "Has Charlie been a good boy, has Charlie been
25 getting in at night?"

26 My mother would be cooking or
27 something, you know, there was no sit-down
28 basis. Sure, my mother could lie and say, "No,
29 Charlie stays out until midnight."

30 MR. FORSTAL: What is Charlie

1 doing now?

2 THE PUBLIC: He is working in
3 Toronto.

4 MR. FORSTAL: He is not in jail?

5 THE PUBLIC: Yes, he is. After
6 the suspended sentence had been served, I don't
7 know how long later he got in trouble with the
8 law again. And from what I know of the law
9 now, if the family would have known about it,
10 he could have fought the case and been found
11 Not Guilty. However, the police came to our
12 home, took my brother away; came to the door,
13 asked for my brother, took him away, and he
14 never came back. We did not know where he went,
15 we did not know why he went, we did not know
16 which judge he appeared before, we did not know
17 the charge, we did not know the sentence. About
18 two weeks later my mother found out that he was
19 serving time in Dorchester penitentiary.

20 MR. FORSTAL: That's pretty hard
21 to believe, that a person could be sent to
22 prison and nobody would know about it.

23 THE PUBLIC: We didn't know. My
24 mother worked, the rest of us went to school.
25 He may have come back with the police and got
26 his personal belongings.

27 MR. FORSTAL: The right of a phone
28 call -- this really doesn't have anything to do
29 with it, but ---

30 THE PUBLIC: Well, what is the right?

1 MR. FORSTAL: Just like that man
2 being beat up in Quebec City, these things are
3 going to happen.

4 THE PUBLIC: A person charged
5 with a marijuana offence, if he is sentenced
6 say, to a year or two years, where does he
7 usually serve these sentences, in what jail?

8 MR. FORSTAL: To two years, he
9 goes to the federal penitentiary.

10 THE PUBLIC: It would be like
11 Dorval or Kingston. What sort of relationship
12 is there, sir, while he is serving his time there,
13 with your office?

14 MR. FORSTAL: He comes under
15 federal jurisdiction, we are provincial.

16 THE CHAIRMAN: I really think we
17 should release Mr. Forstal. We are working him
18 very hard, and I think I am going to have to
19 declare this hearing terminated. We have to go
20 to Moncton tonight. I want to say it has been
21 very helpful to us, and on behalf of the Commission
22 I want to thank everyone that has come here today
23 to assist us. It has been most informative.
24 Thank you.

25 --- Upon adjourning at 5:50 p.m.
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